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NEWSLETTER

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Volume 1 No. 4

November, December 1999, January 2000

MESSAGE FROM THE PRESIDENT

Patricia Versluis, RN
President, Missouri State Board of Nursing



Calvina Thomas

Dr. Thomas is a graduate of Asbury Hospital School of Nursing in Salina, Kansas with graduate degrees from Ft. Hays State University and Kansas State University.

Calvina M. Thomas, PhD, RN, Assistant Director for Education and Licensure for the Missouri State Board of Nursing, was named the Executive Director for the Board on October 12, 1999.

Before moving to Jefferson City in 1995, her experiences were chiefly in surgery, academics, and continuing nursing education.

Her two sons are Jeffrey D. Thomas, residing in North Platte, Nebraska and Brett L. Thomas residing in Houston, Texas. She has two grandchildren.

Dr. Thomas is well known throughout both Kansas and Missouri as a result of her contributions to nursing education.

Please join us in welcoming Calvina Thomas as our Executive Director.



New Licensure System Implemented

A Message from the Division Director, Randall J. Singer

On September 23, 1999, the Division of Professional Registration converted to a new licensure system called PROMO. PROMO is an acronym which stands for "Professional Registration of Missouri", and it was developed by IFMC (Iowa Foundation for Medical Care). PROMO is a software program with two components—a licensure system and complaint/ investigations tracking system. Following is a brief description of the changes you will experience as a result of the new licensing system.

- **License Numbering System.** With the previous mainframe system, a license number contained the profession code (RN or PN) followed by a 6-digit number. With PROMO, a license number will be the year of license followed by a 6-digit number. Example: 1999134178. This is a Division-wide numbering system and will allow the Division to capture valuable licensing information on a Division-wide scale. Nurses that were licensed prior to September 23, 1999 will still maintain their previous license number in the format of the profession code followed by a 6-digit number.

- **New Security License Paper.** Licenses are now being printed on a new security paper.

Several small State of Missouri seals appear on the reverse of both the wallet-size card and wall-hanging document. The seals are in red ink. If you rub on a seal, it will fade. If you photocopy the license or wall-hanging document, VOID will appear on the photocopy. You will also notice that the wallet-size card is laminated and both the wallet-size card and wall-hanging document are perforated for easy removal.

- **More Accessibility to Records.** The new licensure system will allow staff to search for a licensee even if the caller is not exactly sure of the spelling. The system will also allow searches by previous last names.

Since all Boards and Commissions under the Division of Professional Registration share the same core business needs, it made sense to convert previous systems to one unified licensure system for the entire Division. Right now we have a lot of data in systems, with implementation of the new PROMO system we are eager to transform that data into information and then wisdom.



Randall J. Singer

GOVERNOR

The Honorable Mel Carnahan

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Joseph L. Driskill, Director

DIVISION OF PROFESSIONAL REGISTRATION
Randall J. Singer, Director

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EXECUTIVE DIRECTOR
Calvina Thomas, PhD, RN

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Ms. York was elected Vice-President of the Board during the September 1999 meeting and serves on the following Board committees: Executive, Discipline, Education and Licensure. She is also a former member of the Scott County Community Sheltered Workshop Board, former member of the Sikeston Public Schools Board, and belongs to the St. Paul Episcopal Church, Missouri.



Ms. Vogt resides in Versailles with her husband Rodney. She and Rodney have 3 children; Joshua, Lindsey and Abby.

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FOF

DISCIPLINE CORNER

Liz Cardwell M.Ed., RN
Discipline Coordinator

**Missouri State Board of Nursing
Discipline Committee Membership**
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Robin Vogt, MSN, RN, FNP-C
Cordelia Esry, Ph.D., RN
Janet Anderson, RN
Patricia Porterfield, MSN, RN

A Look in the Mirror ?

In my seven years with the Board as Discipline Coordinator I've noted that often there are similar circumstances that surround and/or contribute to the critical event that results in the eventual discipline of a nursing license. Since I am unable to visit with each of you individually, I hope you will find the following information helpful.

The ability to identify negative or potentially negative areas in ourselves is not an easy task. Recognizing potentially destructive behavior patterns in our personal and professional life can be difficult. The difficulty may be due to an unconscious inability to recognize what's happening in ourselves and the chaotic atmosphere around us. On the other hand, the difficulty may be that certain behavior patterns may be so ingrained in our lives that we continue with them, minimizing their significance and rationalizing why we behave in a certain manner. By considering some of the predominant reoccurring themes that I have listed below, hopefully you can avert potential situations that may lead to discipline.

Stress

Disciplined licensees routinely identify stress as playing a role in leading up to the occurrence of the critical event.

How each of us perceives what is stressful in our lives, is individualized and impacted by many intrinsic and extrinsic factors. One event experienced by two individuals will be perceived, processed and reacted to differently. It is imperative that you identify situations, current, past or pending, positive or negative, that, unresolved, lead to actions that you thought you would never be a participant in or a party to.

Unresolved areas of stress are stored in us like

air in a balloon, without relief, the balloon bursts. These 'bursts' can take form in various ways: abuse of a patient, walking off the job without proper employer notification, overlooking the renewal of your nursing license, self-medicating with controlled substances, making errors as you administer your nursing care, or experiencing difficulty focusing on patient care responsibilities.

Ask yourself, what are my areas of stress? How can I deal with them? After you answer these questions, follow through and do it!

Assumptions

Making assumptions is often seen as a behavior in the pre-discipline occurrence. We all have heard what assumptions do to you and me, but the ramifications are more extensive, perhaps deadly, when this spills over into your patient care. Actions based on faulty reasoning (an assumption) are a disaster waiting to happen. Actions and thoughts based on fact allow you to safely minister to a vulnerable population. Ask yourself if you have experienced instances based on an assumption you have made, such as: administered a medication prepared by a co-worker, co-signed a colleagues request to initial the waste of a controlled substance without actually observing the event, or utilized a vial which is labeled with a label similar to another medication without reading the name medication. Additionally, when you surmise that giving a proper separation notice is really not all that important, or you don't renew your nursing license promptly, you have taken important, but erroneous steps based on assumption. After you identify these instances, make changes, follow through and do it!

Poor Self-Care

Disciplined licensees may, prior to the disciplinary action, have demonstrated a lack of addressing their mental and physical health needs.



As caretakers of others, we frequently neglect ourselves by trying to be Super Nurse, Super Parent, Super Spouse, and feel we need to fix the perceived problems around us. Nurses sometimes believe that caring for themselves is not a priority. However, it is in your best interest and the interest of all those whose lives you touch to take an inventory of your state of mind and body. When physical and mental health become compromised, the following behaviors may result: consuming prescribed medication that interferes with your ability to function at work, falling asleep at the desk from fatigue, forgetting to document information in the medical record, leaving work site without proper notification of your supervisor, or leaving a patient unattended.

One of the most important areas of poor self-care involves the misuse and/or abuse of controlled substances, alcohol, or illegal drugs, which clearly demonstrates poor self-care, even to the degree of having the disease of Chemical Dependency. The following situations are red flags in your use of chemicals: using a pain medication and asking for a prescription renewal after the pain is gone or can be alleviated by non-prescription medications, having a positive family history for chemical dependency but continue to drink alcohol in excess and/or use controlled substances, self medicating with chemicals to deal with feelings of depression and/or anxiety, or placing yourself in social situations where illegal drugs are available. Ask yourself if any of these behaviors apply, if they do, ask for help from a qualified provider who can assist you in coping with these situations.

My hope is that you will develop a heightened awareness of these situations and be able to identify particular circumstances and/or behaviors in and around yourself and in your practice. By identifying these circumstances, you can begin to develop the necessary tools to address these issues. You will have become pro-active in averting a potentially negative outcome for patients, colleagues, employers and yourself.

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Kathleen Andrews, Chairperson, Department of Nursing
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DON'T YOU MOVE!

But if you do, please do not forget to notify us of your new address. Each renewal period, thousands of renewal notices do not get delivered to licensees due to a change of address. During the last RN renewal period, over 5,000 renewal notices were returned to our office because a change of address had not been conveyed to us. This problem can, and has, resulted in a delay in getting a nursing license renewed. An unexpired license can then become a lapsed license. In order to renew a lapsed license, additional fees/penalties must be paid. Do not let this happen to you!

For your convenience, you may inform us of address changes in any one of the following methods:

1. By mail: Missouri State Board of Nursing
P. O. Box 656
Jefferson City, MO 65102
2. By phone: 573-751-0681
3. By E-mail: nursing@mail.state.mo.us
4. By fax: 573-751-0075, 573-751-6745
5. In person: 3605 Missouri Boulevard
Jefferson City, MO

Notification by any of these five methods is acceptable and will get the job done.

So, don't get caught up in the late renewal/late license dilemma. Inform us of your address change as soon as possible and if you know of someone who is moving, do them a favor and remind them to contact us as soon as they can. An up-to-date address will also allow you to continue to receive our quarterly Newsletter that is now sent out to all of our 93,000+ licensees; another good reason to let us know that you have moved.

DISCIPLINARY ACTIONS**

Pursuant to Section 335.066.2 RSMo, the Board "may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license" for violation of Chapter 335, the Nursing Practice Act.

Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee's identity, please check the license number.

Listed below are individuals who were issued an initial probationary license by the Board during the previous quarter with reference to the provisions of the Nursing Practice Act that were violated and a brief description of their conduct.

INITIAL PROBATIONARY LICENSE

Name	License Number	Violation	Effective Date
DAWN M. FITZMIER	PRN 058996	Section 335.066.1 and .2 (2) RSMo. Pled guilty to unlawful possession of a controlled substance in 1994. Pled guilty to Class C Felony forgery and Class B Misdemeanor driving while intoxicated in 1995. Operated a motor vehicle with expired plates and suspended drivers license in 1998.	9/9/99 TO 9/9/01
BRIAN M. NOLTE SHAWNEE KS	PN 058802	Section 335.066.1 and .2 (2) (6) RSMo On 7/25/98 and 10/23/97, Licensee pled guilty to domestic battery.	8/5/99 TO 8/5/02
BELINDA J. PERRYMAN	RN 123515	Section 335.066.1 and .2 (1) (5) (12) (14) RSMO. In 1994, admitted abuse of Marijuana, Cocaine, Crank, and Amphetamines. Has continued to use illegal substances during the last 5 years.	9/20/99 TO 9/20/04
VERONA MO.			
LISA L. SHROYER	PN 058757	Section 335.066.1 and .2 (1) (2) RSMo. In 1996-1997, Pled guilty to driving while intoxicated.	7/12/99 TO 7/12/02
LEES SUMMIT MO			
JOHNITA K. SOEST	RN 155333	Section 335.066.1 and .2 (2) RSMo. On 4/19/98, Pled guilty to assault in the second degree, a Class C Felony.	8/5/99 TO 10/15/99
ST LOUIS MO			
ANGIE L. WELTER	RN 155551	Section 335.066.1 and .2 (1) (2) (14) RSMo. In 1995, Pled guilty to fraudulent use of a credit device, possession of Marijuana and receiving stolen property. Probation revoked for using crack cocaine.	8/13/99 TO 9/4/00
SIKESTON MO			

CENSURED LICENSES

Name	License Number	Violation	Effective Date
BETTY J. BALDRIDGE	PN042435	Section 335.066.2 (5) (12) RSMo. On 2 occasions, utilized another employee's computer access code to gain unauthorized access to obtain confidential information regarding herself and family members.	9/1/99
CARL JUNCTION MO			
DARLENE SUE BETTS	RN 047361	Section 335.066.2 (5) (6) (12) (14) RSMo. Called in a refill for Serax, a controlled substance, on 3 occasions. Wrote and signed a prescription for Serax while working as a Board recognized Family Nurse Practitioner.	9/14/99
GRANDVIEW MO			
ANETTE FIELDS	PN 046925	Section 335.066.2 (5) (6) (12) RSMo. Practiced nursing on a lapsed license from 6/1/98 to 10/1/98.	9/13/99
JOPLIN MO			

Continued to page 5

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CENSURED LICENSES continued

Name	License Number	Violation	Effective Date
LINDA K. GEE	RN 107288	Section 335.066.2 (5) (6) (12) (14) RSMo. Wrote and signed a prescription refill for Ativan while working as a Board recognized Family Nurse Practitioner.	8/24/99
IOWA CITY IA			
SANDRA S. HAISTINGS	PN 019006	Section 335.066.2 (5) (6) (12) RSMo. Practiced nursing on a lapsed license from 6/1/98 through 1/13/99.	9/7/99
MOBERLY MO			
DONNA K. HARTMAN	PN 051988	Section 335.066.2 (5) (12) RSMo. Licensee engaged in a personal relationship with a patient while employed at a facility.	6/30/99
LA MONTE MO			
PATRICIA A. HERRMANN	PN 039732	Section 335.066.2 (5) (6) (12) RSMo. Practiced nursing on a lapsed license from 6/1/98 to 10/14/98.	8/19/99
LEBANON MO			
NICHILLE E. MARKES	RN 139924	Section 335.066.2 (5) (12) RSMo. Participated in the taking of a photograph of a patient's naked buttocks upon which a coworker had drawn with a marker.	10/18/99
KIRBYVILLE MO			
CYNTHIA L. MCFARLAND	RN 128280	Section 335.066.2 (5) (12). Developed a personal relationship with 2 patients.	7/13/99
FARMINGTON MO			
VALERIE MCGEE	PN 046326	Section 335.066.2 (5) (6) (12) RSMo. Practiced nursing on a lapsed license from 6/1/97 to 5/26/98.	9/10/99
ST LOUIS MO			
EVELYN D. SMITH	PN 039184	Section 335.066.2 (5) (6) (12) RSMo. Practiced nursing on a lapsed license from 6/1/97 to 5/31/98.	9/14/99
ST. LOUIS MO			
CLARA C. STAGGS	RN 105553	Section 335.066.2 (5) (6) (12) RSMo. Practiced nursing on a lapsed license from 5/1/97 to 4/21/98.	9/14/99
SIKESTON, MO			
SHERRY M. ZANS	PN 051014	Section 335.066.2 (5) (6) (12) RSMo. Practiced nursing as a Licensed Practical Nurse on a lapsed license from 6/1/97 to 6/10/98.	10/19/99
LEES SUMMIT MO			

**SPECIAL
ANNOUNCEMENT
TO ALL LPNs**

May 31, 2000 marks the end of your nursing license that you currently hold. Renewal notices will be mailed out to you on or about March 1, 2000. If you are planning a move prior to that date, please be sure that you remember to notify us of your new address.

On page 6 of this Newsletter, there is a change of address form that can be completed and returned to our office by either fax or mail. Notification of an address change can also be E-mailed via our website (<http://www.ecodev.state.mo.us/pr/nursing/>) or telephoned (573-751-0681) in to us.

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CHANGE OF ADDRESS FORM

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Fax to: 573-751-0075 or 573-751-6745

PROBATION

Name	License Number	Violation	Effective Date
TERESA K. ABRAMOWITZ GREENTOP MO	RN 142263	Section 335.066.2 (1) (12) (14) RSMo. Tested positive for the presence of Marijuana on 2 occasions.	10/9/99 TO 10/19/00
CAROLYN J. BUCHHOLZ ST LOUIS MO	PN 034856	Section 335.066.2 (5) (12) RSMo. While attempting to remove a resident's shoe, the resident kicked the licensee in the head, where upon the licensee stood up and slapped the resident across the face.	7/6/99 TO 7/6/02
CAROL J. CROCKER PILOT KNOB MO	RN 146064 PN 045329	Section 335.066.2 (1) (5) (12) (14) RSMo Misappropriated Demerol and Darvocet for her own personal use while employed at two different facilities.	9/24/99 TO 9/24/03
ANDREA J. DAVIS KANSAS CITY MO	PN 025255	335.066.2 (5) (12) RSMo Charted administration of Potassium Chloride and Famotidine even though medications were not given to the patient. Failed to conduct Accudata checks on 12 occasions but charted she had conducted the checks. On 3 occasions signed out an incorrect medication for the patients.	9/11/99 TO 9/11/00
MARIE C. DENNIS HAZELWOOD MO	RN 085727	Section 335.066.2 (2) RSMo. On 10/30/97, pled guilty to sale of a controlled substance.	9/9/99 TO 9/9/03
CLAUDIA L. DIGGINS NOVINGER MO	RN 121003	Section 335.066.2 (6) (12) (14) RSMo Practiced and represented herself as an Advanced Practice Nurse without being duly recognized by the Board. Prescribed Codinal DH (a controlled substance).	10/19/99 TO 10/19/00
CARLIDA M. DOUTHITT IMPERIAL MO	RN 057079	Section 335.066.2 (5) (12) RSMo Failed to notify the physician in a timely manner that a post-operative patient was exhibiting signs and symptoms of a stroke.	10/19/99 TO 10/19/01
DAWN K. ECKER ST LOUIS MO	RN 128562	Section 335.066.2 (1) (5) (12) (14) RSMo Misappropriated Demerol, Xanax, and Percocet for personal use in 1994. In 1996, misappropriated Demerol.	7/20/99 TO 7/20/03
MARYLENE EDDINS JENNINGS MO	PN 022944	Section 335.066.2 (5) (12) RSMo. Threw milk on a combative psychiatric patient.	9/1/99 to 9/1/2000

Continued to page 7

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PROBATION continued

Name	License Number	Violation	Effective Date
STEVEN A. HIBBS HURDLAND MO	RN 143774 PN 048553	Section 335.066.2 (2) RSMo On 12/2/97, Licensee pled guilty to driving while intoxicated.	7/16/99 TO 7/16/00
BARBARA J. HOLDEN SPRINGFIELD MO	RN 053322	Section 335.066.2 (5) (6) (12) RSMo practiced nursing on a lapsed license from 5/1/97 to 12/23/98.	8/24/99 TO 8/24/00
ROBIN HUTSON-MONTOYA KANSAS CITY MO	RN 132401	335.066.2 (1) (5) (12) (14) RSMo Misappropriated Demerol for personal consumption at 2 different facilities. Was found unresponsive and having a seizure at one facility after signing out Demerol for a patient who did not have an order for Demerol.	9/10/99 TO NO
RICHARD J. ISAAC WINCHESTER MO	RN 126513	335.066.2 (1) (5) (12) (14) RSMo. Misappropriated Percocet and Vicodin. Facilitated the misappropriation by falsely charting that the medication was administered to patients. Consumed the medication while on duty on one occasion.	8/26/99 TO 8/26/04
THOMAS L. KIRK NEW BLOOMFIELD MO	RN 126859	Section 335.066.2 (1) (5) (12) (14) RSMo. Misappropriated Demerol and Nubain.	8/17/99 TO 8/17/04
MARLENE R. KOPPE KANSAS CITY MO	PN 040820	Section 335.066.2 (5) (6) (12) RSMo. Practiced nursing on a lapsed license from 6/1/97 to 9/28/98.	9/15/99 TO 9/15/00
GERALD L. KUECKELHAN COLUMBIA MO	RN 076407	Section 335.066.2 (1) (5) (12) (14) RSMo. Misappropriated Fentanyl on an ongoing basis.	10/19/99 TO 10/19/04
DOROTHY F. LADNER CENTRALIA MO	PN 043536	Section 335.066.2 (2) RSMo On 9/15/98, Licensee pled guilty to driving while intoxicated and driving with a suspended driver's license.	7/16/99 TO 7/16/02

Continued to page 8

**TELEPHONE NUMBERS
OF INTEREST**

Division of Aging (nurse aide verifications and general questions) 573-526-5686
Missouri State Association for Licensed Practical Nurses 573-636-5659
Missouri Nurses Association 573-636-4623
Missouri League for Nursing 573-635-5355
Missouri Hospital Association 573-893-3700

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LAWRENCE MEMORIAL HOSPITAL
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Name	License Number	Violation	Effective Date
DIANNA L. LEIBY COLUMBIA MO	PN 031888	Section 335.066.2 (2) (5) (12) RSMo. Misappropriated a credit card from a patient's home. Pled guilty to fraudulent use of a credit device.	7/20/99 TO 7/20/04
JOYCE A MAURER KEARNEY MO	RN 036307	Section 335.066.2 (5) (6) (7) (12) RSMo. Represented herself and practiced as an advanced practice nurse without being duly recognized by the Board. Called in 3 unauthorized prescriptions for her family member.	9/7/99 TO 9/7/01
JEAN A. POLZIN BILLINGS MO	RN 136734	Section 335.066.2 (1) (5) (12) (14) RSMo. During March and April 1998, licensee misappropriated Morphine and other controlled substances and injected herself in a restroom at her place of employment on at least 3 occasions.	8/18/99 TO 8/18/04
ALICIA M. PRUSER WASHINGTON MO	PN 049661	Section 335.066.2 (5) (12) (14) RSMo. Misappropriated one or more of the following drugs for her personal consumption: Percocet, Percodan, Vicodin, Darvocet, Demerol, Morphine Sulfate, and Compazine	7/30/99 TO 7/30/02
CYNTHIA ROBERTS TEMPLE TX	RN 124168	Section 335.066.2 (5) (12) RSMo. Restrained an intoxicated patient by taping a surgical mask across the patient's nose, under his chin and on both sides of his face to keep him from spitting.	9/27/99 TO 9/27/01
MARILYN K. SWAFFORD INDEPENDENCE MO	RN 112792	Section 336.066.2 (1) (5) (12) (14) RSMo. Misappropriated Demerol for her personal consumption. After completing a Return to Work Agreement, licensee again misappropriated Demerol.	10/19/99 TO 10/19/04
STACEY L. WILSON ST LOUIS MO	PN 048909	Section 335.066.2 (2) RSMo. On 12/8/97, Licensee pled guilty to unlawful receipt of food stamps over \$150.	7/30/99 TO 7/30/00

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SUSPENSION/PROBATION

Name	License Number	Violation	Effective Dates of Suspension	Effective Dates of Probation
TERRY LINNEMAN COLUMBIA MO	PN 042843	Section 335.066.2 (1) (2) (95) (12) (14) RSMo. Appeared to be sleeping while on duty; urine drug screen was positive for Cocaine. Beginning 10/94, smoked Cocaine on a regular basis. Pled guilty to: excessive Blood Alcohol content in 1993, DWI in 1994, and DWI-persistent offender in 1996.	9/24/99 TO 9/24/00	9/24/00 TO 9/24/05
TIFFANNY M. RICHERT GRANITE CITY, IL	RN 122723	335.066.2 (1) (5) (12) (14) RSMo. Misappropriation of Demerol. Arrested for removing a sharp's box from a facility where she was no longer employed.	9/7/99 TO 9/7/00	9/7/00 TO 9/7/05
DEBORAH K. SHOCKLEY CLINTON MO	RN 108425	Section 335.066.2 (1) (5) (12) (14) RSMo. Consumed Marijuana and Methamphetamine on an ongoing basis; a urine drug screen was also positive for opiates.	7/30/99 TO 7/30/00	7/30/00 TO 7/30/05
CONNIE S. WATRING SYRUCUSE MO	PN 037250	Section 335.066.2 (1) (2) (5) (12) (14) RSMo. Pled guilty to a class D felony of fraudulently attempting to obtain Stadol N.S. and Alprazolam.	8/6/99 TO 8/6/00	8/6/00 TO 8/6/05

REVOKED LICENSES

Name	License Number	Violation	Effective Date
JAMIE E. BORUSHASKI JOPLIN MO	PN 055066	Section 335.066.2 (2) RSMo. On 1/29/98, licensee was found guilty on two counts of murder in the first degree by the Iowa District Court and was sentenced to life in prison.	8/18/99
JACQUELINE L. KOEP MOBERLY MO	PN 041057	Licensee violated Missouri State Board of nursing agreement in that she did not attend scheduled meeting and did not submit documentation.	8/12/99

** Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee's identity, please check the license number and/or contact the Board office at (573) 751-0082.

VOLUNTARILY SURRENDERED LICENSES

Name	License Number	Effective Date
DEBORAH L. HAYES JOPLIN MO	PN 018987	7/30/99
HEATHER J. MOGUE OVERLAND PARK KS	RN 135600	9/9/99
DARLENE L. SHEETS LEES SUMMIT MO	RN 053179	10/13/99

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Nursing

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24 HOURS

- Chance of heart attack decreases

48 HOURS

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1 to 9 MONTHS

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- Excess risk of coronary heart disease is half that of a smoker

5 YEARS

- Lung cancer death rate for average former smoker (one pack a day) decreases by almost half
- Stroke risk is reduced to that of a nonsmoker 5-15 years after quitting
- Risk of cancer of the mouth, throat and esophagus is half that of a smoker's

10 YEARS

- Lung cancer death rate similar to that of nonsmokers
- Precancerous cells are replaced

- Risk of cancer of the mouth, throat, esophagus, bladder, kidney and pancreas decreases

15 YEARS

- Risk of coronary heart disease is that of a non-smoker

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Most of the content in this section is developed by Rita Tadych, PhD, RN, Assistant Director for Discipline and Practice. Please be advised that her content is not intended to represent the legal opinions or views of the Board. Content included in this section that was developed by the Missouri State Board of Nursing is identified as that of the Board.

Missouri State Board of Nursing Practice Committee Membership

Robin Vogt, MSN, RN, FNP-C, Chairperson
Arthur Bante, RN, CRNA
Ian Davis, LPN
Cordelia Esry, PhD, RN
Paul Lineberry, PhD
Patricia Versluis, RN

Update on Nursing Practice Act Changes: 1999 Legislative Session

House Bill 343 included proposed changes to the Nursing Practice Act. With the passage of this house bill, the changes became effective on August 28, 1999. Briefly, some of the changes to the Nursing Practice Act pertinent to discipline and practice included:

- "Practical nursing" definition became 335.016 (9), RSMo due to an addition of an education-related definition earlier in this section. Furthermore, language was added in the practical nursing definition to clarify the meaning of the term, "direction", as used in this chapter.
- "Professional nursing" definition became 335.016 (10), RSMo.

PRACTICE CORNER



Rita Tadych, PhD, RN

- Clarifying language regarding rulemaking authority of the Board was included in 335.036, RSMo.
- A new cause for complaint against a nurse's license was added to 335.066.2, RSMo. It reads: "Placement on an employee disqualification list or other related restriction or finding pertaining to employment within a health related profession issued by any state or federal government or agency following final disposition by such state or federal government or agency."
- The board was given direction in 335.068, RSMo, regarding the handling of unsubstantiated complaints by individuals incarcerated or under the care and control of the department of corrections.
- The board was enabled with legislation that now allows the board president or board secretary to issue and enforce subpoenas duces tecum and require production of documents and records.

This information should make you aware that with each legislative session, there may be revisions in the Nursing Practice Act, as well as changes in other statutes, the outcomes of which could affect the practice of nursing in Missouri.

Update on Rulemaking Activities

The IV Therapy Rule Subcommittee of the Board of Nursing cancelled its October 1999 meeting regarding the rule, 4 CSR 200-5.010 Intravenous Fluid Treatment Administration. The IV Therapy Rule Subcommittee intends to reschedule a meeting some time after the first of the year.

Representatives of the Boards of Nursing, Healing Arts, and Pharmacy met at 10:00 a.m. on Friday, October 29, 1999 at the Professional Registration building regarding the rule, 4 CSR 200-4.200 Collaborative Practice. The meeting originally scheduled for September 1999 had been postponed.

Examination of the rule, 4 CSR 200-4.100 Advanced Practice Nurse, identifying appropriate language revisions, continues. The Board is also considering the introduction of proposed advanced practice nurse statutory language clarifications in the next legislative session.

Delegation to and Supervision of Unlicensed Assistive Personnel

The American Nurses Association (1993) and the National Council of State Boards of Nursing (1995) defined unlicensed assistive personnel (UAP) as unlicensed individuals, regardless of title, trained to function in an assistive role to licensed nurses in the provision of patient/client care activities. When properly utilized, unlicensed assistive personnel can enhance efficiency and quality of care in hospitals (Kreplick, 1995) and other health care environments. Generally speaking, however, determining the boundaries of what constitutes 'proper utilization' of unlicensed assistive personnel seems an elusive process to licensed nurses.

Two essential behaviors imbedded within the process of properly utilizing unlicensed assistive personnel are delegation and supervision by registered professional nurses (American Nurses Association, 1993; National Council of State Boards of Nursing, 1995).

Delegation

The National Council of State Boards of Nursing (1995) defined delegation:

An authorized delegator transferring to a competent individual (delegatee) the authority to perform a selected nursing task in a selected situation. The licensed nurse delegator retains accountability for the delegation.

Pursuant to the statute, 335.010 (10) (e), RSMo (Missouri Nursing Practice Act 1999), registered

Continued to page 11



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PRACTICE CORNER

(Continued from page 10)

professional nurses may teach and supervise "other persons in the performance of any of the" nursing acts specified in subsections (a) through (d). In subsections (a) through (d), however, there is no laundry list of selected nursing care or tasks that can and cannot be delegated by registered professional nurses to licensed practical nurses [335.016 (9), RSMo, 1999] and unlicensed assistive personnel. Even the statute, 335.081 (2), RSMo, which provides an exemption from the Missouri Nursing Practice Act for services rendered by unlicensed individuals trained and employed in public or private hospital and licensed long-term care facilities, does not specify particular nursing tasks that can and cannot be delegated to these unlicensed personnel by registered professional nurses. Licensed nurses employed in such facilities would need to also examine the statutes and rules applicable to these licensed facilities for further guidance, as well as review facility policies and procedures.

The lack of statutory specificity regarding what particular nursing care or tasks can and cannot be delegated by registered professional nurses to licensed practical nurses and unlicensed assistive personnel increases the importance of being able to render reasonable, prudent, and defensible delegative decisions. The delegating registered professional nurse is responsible and answerable for actions or inactions of one's self or others in the context of delegation (National Council of State Boards of Nursing, 1995). Licensed practical nurses and unlicensed assistive personnel remain accountable for their own actions and inactions (Missouri State Board of Nursing, 1999).

Through its Practice Committee, the Missouri State Board of Nursing assists individuals or facilities regarding specific practice matters. When a specific scope of practice question is addressed in

writing to the Board, the Missouri State Board of Nursing responds with a specific written opinion or decision. Sometimes licensed nurses will use the resources of the Board to assist them in making reasonable and prudent decisions in particular instances.

Professional literature may also provide some assistance in decision making. Kreplick (1995), for example, described the most frequently delegated nursing tasks:

- Basic care (morning/evening care; monitoring body mechanics and skin integrity; application of cold and heat; post-mortem care (Crawley, 1993))
- Vital signs and measurements (height; weight; intake and output)
- Nutritional support (assist with meals; take calorie counts; maintain gravity tube feedings)
- Elimination (catheter care; enema administration; application and monitoring of condom catheters)
- Uncomplicated respiratory care (breathing exercises; monitoring incentive spirometer use; application of oxygen by nasal cannula or mask; suctioning)
- Specimen collection (stool; sputum; urine)
- Documentation (flow charts; intake and output recordings; vital sign records; diabetic records; other nursing tasks performed).

The National Council of State Boards of Nursing (1995), in its paper, "Delegation: Concepts and Decision-Making Process" (<http://www.ncsbn.org/files/delegation.html>), and the American Nurses Association (1995), in its pamphlet, "The ANA Basic Guide to Safe Delegation" (<http://www.nursingworld.org>), provide further assistance to registered professional nurses on how to safely and appropriately maximize the utilization of other licensed and unlicensed health care providers. The essence of professional practice, however, is never

delegated according to Barter, 1999—such as formulating the entire nursing process, making nursing diagnoses, developing the plan of care or setting patient goals, evaluating patient progress in relation to the plan of care, and so forth.

Exploring these and other professional articles, along with examining various specialty area position statements, on the topic of delegation or utilization of assistive personnel is important for the ongoing development of licensed nurses' critical thinking. With this proactive approach, licensed nurses may, when faced with an immediate delegative decision-making situation, more likely make a state-of-the-art, reasonable, prudent, and defensible judgment.

It is inappropriate for employers or others to require licensed nurses to delegate when, in the nurse's professional judgment, delegation is unsafe and not in the patient's best interests. If licensed nurses determine that delegation should not take place, but nevertheless elect to delegate as directed by an employer, the nurses increase their liability risk and may also be subject to discipline by the Board of Nursing (National Council of State Boards of Nursing, 1995).

Given their responsibilities and accountabilities, licensed nurses at all levels of management and practice need to involve themselves in the ongoing development, implementation, maintenance, and evaluation of assistive role policies within their facilities. Being part of these ongoing processes within a facility can increase knowledge and understanding of how to properly train and successfully utilize unlicensed assistive personnel within the facility, safeguard the health and wellbeing of the patients cared for, and lessen liability risks.

Supervision

The National Council of State Boards of Nursing (1995) defined supervision:

Continued to page 12

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PRACTICE CORNER

(Continued from page 11)

The provision of guidance or direction, evaluation and follow-up by the licensed nurse for accomplishment of a nursing task delegated to unlicensed assistive personnel.

Pursuant to the Missouri State Board of Nursing rule, 4 CSR 200-5.010 Definitions, proper supervision is defined:

Proper supervision means the general overseeing and the authorizing to direct in any given situation. This includes orientation, initial and ongoing direction, procedural guidance and periodic inspection and evaluations.

Regardless of appropriate training and competency verification of assistive personnel and reasonable and prudent delegative decisions, there is no guarantee of flawless performance by a delegatee. Patient care cannot be merely assigned or simply 'turned over' as if the patient's care is now an independent activity of the delegatee. Once an appropriate delegation is made, registered professional nurses must adequately monitor and supervise the activities delegated to licensed practice nurse and unlicensed assistive personnel and evaluate their performance on the basis of whether quality patient outcomes, including accurate and complete care documentation, have been achieved. Determining the particular type of supervision to utilize must be based on a case by case analysis of pertinent variables.

Understanding Your Risks

Liability and professional responsibility risks occur in several areas that are related to delegation and supervision:

1. Delegation to an individual lacking sufficient

education or experience to perform the nursing task

2. Delegation of nursing tasks and responsibilities contrary to the state nurse practice act
3. Delegation that poses substantial risk or harm to the patient or results in patient injury
4. Inadequate supervision of the individual to whom the nursing tasks have been delegated.

The reality of risk does not mean a licensed nurse should not delegate. In fact, not delegating when it may be timely and appropriate to do so can obviously create another list of risks. Knowledge and understanding of risks associated with delegation and supervision does mean that licensed nurses should develop reasonable, prudent, and defensible professional boundaries within which appropriate and effective delegative decisions are made and proper supervision is implemented.

Frequently Asked questions

Please refer to the disclaimer at the beginning of PRACTICE CORNER.

Advanced Practice Nurses

Q: How long does recognition take for an advanced practice nurse applicant coming from another state and without a Missouri registered professional nurse license?

A. Because applicants must hold a current license to practice in Missouri as registered professional nurses pursuant to the rule, 4 CSR 200-4.100 Advanced practice Nurse, the approximate time involved to obtain a current license, not temporary permit, is at least eight (8) weeks.

Q: The Board recognizes me as an advanced practice nurse. I have been told that if I am an employee working in a hospital with only in-

patients, I do not need a written collaborative practice arrangement. Is this true?

A. If your advanced practice is going to include certain delegated medical acts—e.g., making medical diagnoses, ordering diagnostic lab work, writing prescriptions—then yes, you will need a written collaborative practice arrangement. The statute, 334.104.2, RSMo, indicates the requirement of a written collaborative practice arrangement for such acts by an advanced practice nurse. The statute, 334.104.3, RSMo, sometimes misread, indicates that the rulemaking authority shall not extend to collaborative practice arrangements of hospital employees providing inpatient care within hospitals as defined pursuant to chapter 197, RSMo. In other words, if your practice meets these three elements (hospital employee, inpatient care, within hospital), then your statutory-required written collaborative practice arrangement is not bound to the specifics of the rule, 4 CSR 200-4.200 Collaborative Practice.

Q. According to the rule, 4 CSR 200-4.200 Collaborative Practice, subsection (2)(C), I am to work with my collaborating physician for 'at least one (1) calendar month' at the same location before I work at a location where the collaborating physician is not present. Do I sign the written agreement before or after this one (1) calendar month?

A: In order to perform the delegated medical activities that may be exercised by an advanced practice nurse pursuant to a collaborative practice arrangement, the written agreement must be signed first. The start of the one (1) calendar month begins once all required signatures are on the written agreement document.

Q. I realize that Board-recognized advanced practice nurses in collaborative practice

Continued to page 13

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PRACTICE CORNER (Continued from page 2)

arrangements cannot prescribe controlled substances. Are there any resources available to guide me in administering and dispensing controlled substances?

A: The Missouri Task Force on Misuse and Abuse and Diversion of Prescription Drugs has made available its "Guide to Prescribing, Administering and Dispensing Controlled Substances in Missouri" (1/99) at the website address: <http://www.health.state.mo.us/Publications/taskforce.html>. If you are dealing with administering or dispensing questions or concerns, contact Bert McClary, R.Ph., Assistant Administrator, Bureau of Narcotics & Dangerous Drugs, at 573-751-6321.

Licensed Nurses

Q: I am a school nurse and am finding children coming in to school with nonprescription herbs or drugs. Sometimes these nonprescription herbs or drugs are not in what I believe is a properly labeled container. What can I do?

A: Pursuant to the statute, 338.059, RSMo, the labeling of prescriptions filled by a pharmacist is specified, which provides guidance to what a licensed nurse can accept regarding prescription drugs brought to school. There are also general requirements for labels on non prescription drugs. The *Pharmacy Law Digest* (11/98) states:

Drugs that may legally be sold over the counter must bear a label indicating:

1. The name of the product;
2. The name and address of the manufacturer, packer or distributor;
3. The net contents of the package;
4. The established name of all active ingredients and the quantity of other ingredients whether active or not;

5. The name of any habit-forming drug contained in the preparation;
6. Cautions and warnings that are needed for the protection of the user;
7. Adequate directions for safe and effective use.

The 1966 Fair Packaging and Labeling Act gave the FDA authority to issue regulations on drug labeling that enable consumers to know the net contents of self-medication drug products. Pharmacists who engage in repackaging and relabeling of an OTC drug from bulk supply must be familiar with all the FDA labeling regulations that are applicable to labeling OTC drugs.

An improper container or improperly labeled container, with either prescription or nonprescription contents, is a sufficient reason to not administer whatever is in the container.

Q: Can licensed nurses administer such things as tuberculin skin tests and influenza injections without a physician's order?

A: No, a physician's order is required. Furthermore, the licensed nurse must perform appropriate assessment activities and maintain records documenting orders received and care provided to specific individuals.

Q: If registered professional nurses are

nationally certified in such areas as first assistant, diabetes educator, critical care, case manager, wound care, and so forth, can they be recognized as advanced practice nurses by the Board on the basis of such certifications?

A: These certifications generally fall under "expanded," not advanced, nursing practice. The national certifying bodies recognized by the Missouri State Board of Nursing at this writing are: American Academy of Nurse Practitioners; American College of Nurse-Midwives Certification Council; American Nurses Credentialing Center; Council on Certification of Nurse Anesthetists; National Certification Board of Pediatric Nurse Practitioners and Nurses; National Certification Board for the Obstetric, Gynecologic, and Neonatal Nursing; and Oncology Nursing Certification Corporation. The advanced practice nurse role categories are: nurse anesthetist, nurse midwife, clinical nurse specialist, and nurse practitioner.

Miscellaneous

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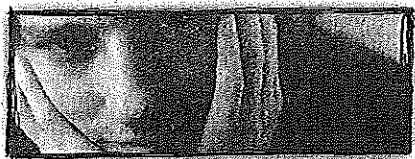
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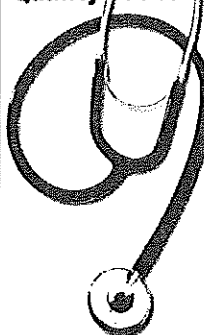
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Patricia Porterfield, RN, MSN
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Graduate Nurse Practice



The Rule

State Regulation 4 CSR 200-4.020 (3) reads: "A graduate of a nursing program may practice as a graduate nurse until s/he has received the results of the first licensure examination taken by the nurse or until ninety (90) days after graduation, whichever first occurs."

Missouri does not issue a graduate temporary permit, however, if the individual qualifies s/he may practice as a graduate nurse under 4 CSR 200-4.020 (3).

The graduate must cease practice as soon as s/he fails the exam or 90 days after graduation, whichever is first.

We recommend that you have the graduate sign an **Authorization to Release Confidential Information** form so we may provide you with periodic updates on the person's exam and licensure information. A sample authorization form is included with this article.

After the Examination

Graduates applying for an original license by exam in Missouri will be licensed automatically upon receipt of passing results provided all other licensure requirements are met. When results are received, the successful candidate will be sent the results and a "pass" letter authorizing the person to practice until the license is received.

There is a thirty (30)-day grace period for graduates who have successfully passed the first available licensing examination in another state following graduation to obtain a temporary permit or license in Missouri after the graduate has received his/her results. Graduates applying for endorsement to Missouri should begin the Missouri licensure process immediately following graduation. As soon as the graduate receives passing results, the graduate should forward a copy of the results to our office so we can issue a temporary permit. A temporary permit cannot be issued until another state has issued the applicant the authority to practice in that state.

About Orientation

Orientation is considered to be employment. Any nurse in orientation must have either a valid Missouri temporary permit or current Missouri license. The only exception to this policy is if the nurse is practicing under an exemption as listed in Chapter 335.081 of the Missouri Nursing Practice Act or under State Regulation 4 CSR 200-4.020 (3).

Proper Supervision

According to 4 CSR 200-5.010 (1), proper supervision is defined as, "the general overseeing and the authorizing to direct in any given situation. This includes orientation, initial and ongoing direction, procedural guidance and periodic inspection and evaluation."

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Passing Rate Change for the NCLEX-RN® Examination an Expected Outcome

Every three years, the National Council's Board of Directors is charged with the task of evaluating the level of competence that is required to pass the NCLEX-RN® and NCLEX-PN® examinations. The passing standard is the minimum level of competence that candidates must demonstrate in order to pass the NCLEX® examination. The Board of Directors utilizes multiple sources of information to guide its evaluation of the passing standard, such as (1) results of the standard-setting methods conducted by the Panel of Judges, (2) outcomes from the annual Standard Setting Survey (which solicits the opinions of employers and educators about the competence of the current cohort of entry-level RNs), and (3) information provided by ACT results detailing the educational readiness of high-school graduates who expressed an interest in nursing. After careful consideration of the data, the Board of Directors determined that the passing standard for the NCLEX-RN examination would be raised from -0.42 logits to -0.35 logits. This change in the passing standard was scheduled to coincide with the implementation of the 1998 *Test Plan for the NCLEX® Examination for Registered Nurses* and was announced to interested parties through a November 14, 1997, press release and in an article in Volume 18, #4 of *Issues*.

One of the most visible and expected outcomes

of a change in the passing standard is its effect on the passing rate. In general, when a passing standard is lowered, more candidates pass an examination. Conversely, when a passing standard is raised, fewer candidates pass an examination. Based on projections for the 1998 testing year (April 1, 1998-March 31, 1999), it was anticipated (taking into account that all other factors remained constant) that the national passing rate for first-time, U.S.-educated candidates would drop approximately 3 to 5 percent. (To verify the accuracy of this prediction, a comparison of the passing rates for first-time, U.S.-educated candidates for the years 1997 and 1998 can be made. The passing rate for 1997 was 87.9 percent, while the passing rate for 1998 was 84.2 percent. This 3.7 percent decrease in the passing rate for first-time U.S.-educated candidates is consistent with the predicted percent decrease in passing rate).

While the effects of the passing standard change on the passing rate are generally well understood for the nursing population-at-large, passing rates for individual programs of nursing may vary widely from the projected national average. This variation may be due in part to candidate volume (numbers, graduating and registering for the NCLEX examination) and/or the distribution of student ability within an individual nursing program. Nursing education programs need to stay informed about changes in either the NCLEX test plan and passing standard for the NCLEX examination. Moreover, educators may need to take a wholistic

view of factors that may influence changes in passing rates when reviewing or evaluating course curricula.

Information regarding changes in the NCLEX-RN examination, NCLEX-RN examination passing standard and national pass rates for the NCLEX-RN examination can be accessed at the National Council's Web site under NCLEX® Examination at <http://www.ncsbn.org>. You may also access the National Council Web site for information about ordering copies of the *Test Plan for the NCLEX® Examination for Registered Nurses* or other National Council publications. If you do not have access to the Web and wish to order publications, call Yvonne Brown at 312/787-6555, Ext. 163.

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Education Corner

Calvina Thomas, PhD, RN
Assistant Director for Education and Licensure

Missouri State Board of Nursing Education
Committee Members:

- Patricia Porterfield, RN, MSN; Chair
- Janet Anderson, RN
- Jan Davis, LPN
- Cordella Esry, PhD, RN
- Charlotte York, LPN

The Education Committee includes diverse representation of nursing education and nursing service.

One of the duties of the Education Committee is to do site surveys. Minimum Standards (4 CSR 200-2.010(2)(B) and 4 CSR 200-3.010(2)(B)) require that each nursing program be surveyed every five years to renew their accreditation with the State Board of Nursing. An on site survey or a paper survey may be conducted. If the nursing program is accredited by a nationally recognized nursing accrediting body and one other accrediting agency the program may have a paper survey.



Calvina Thomas

Program's surveyed and re-accredited during 1998-99:

PRACTICAL NURSING PROGRAMS

SCHOOL	LAST SURVEY	NEXT SURVEY	ACCREDITING BODIES	SURVEY TYPE
Applied Technology Services (Chesterfield)	1998	2003	MBE	On-site Survey
Cape Girardeau AVTS Cape Girardeau	1998	2003	CBHE	On-site Survey
Kennett AVTS Kennett	1998	2003	NC	On-site Survey
Kirkville AVTS Kirkville	1999	2004	MBE	On-site Survey

ANNOUNCEMENT: New CMP, (Certification Maintenance Program) policies for CPNPs begin in the year 2000. All PNPs certified through the NCBPNP/N who have not received this new information should call: 1-888-641-CPNP
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Park Hills

Moberly Area Community 100%
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Practical Nursing Program #17-161
Mexico

Northwest Technical School 100%
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PRACTICAL NURSING PROGRAMS continued

SCHOOL	LAST SURVEY	NEXT SURVEY	ACCREDITING BODIES	SURVEY TYPE
Lex La-Ray Technical Center Lexington	1998	2003	MBE	On-site Survey
Nevada Regional Technical Center Nevada	1998	2003	MBE	On-site Survey
North Central MO College Trenton	1999	2004	NC/CBHE	On-site Survey
Hillyard Technical Center St. Joseph	1998	2003	MBE	On-site Survey
Pike/Lincoln Technical Center Rolla	1999	2004	CBHE	On-site Survey
Poplar Bluff School District Poplar Bluff	1998	2003	CBHE	On-site Survey
Stikeston Public Schools Stikeston	1998	2003	NLN/NC	Paper Survey
Stikeston Public Schools Hayti	1998	2003	NLN/NC	Paper Survey
South Central AVTS West Plains	1999	2004	MBE	On-site Survey

ASSOCIATE DEGREE PROGRAMS

SCHOOL	LAST SURVEY	NEXT SURVEY	ACCREDITING BODIES	SURVEY TYPE
Crowder College Neosho	1998	2003	NC/CBHE	On-site Survey
Lincoln University (Ft. Leonardwood)	1998	2003	NLN/NC/CBHE	Paper Survey
North Central MO College Trenton	1999	2004	NC/CBHE	On-site Survey
Park College Parkville	1998	2003	NLN/NC/CBHE	Paper Survey
State Fair Community College Sedalia	1999	2004	NC/CBHE	On-site Survey
Three Rivers Comm College Poplar Bluff	1998	2003	NLN/NC/CBHE	Paper Survey

Abbreviations for Accrediting Bodies

NLN	National League for Nursing
NC	North Central Association for Schools & Colleges
CBHE	Coordinating Board for Higher Education
ACICS	Accrediting Council for Independent College & Schools
MBE	Missouri Board of Education
MBN	Missouri Board of Nursing

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MISSOURI ACCREDITED PRACTICAL NURSING PROGRAMS- YEAR PASS RATES

NAME OF PROGRAM	Number of Classes Per year	Approved Number of Students Per Class	07/94-06/95	07/95-06/96	07/96-06/97	07/97-06/98	07/98-06/99	# Students tested on Fiscal Report 98-99*
Applied Technology Services/West Chesterfield 17-154, Chesterfield, Mo.	3	24	95.45%	94.44%	100.00%	95.7%	85.7%	28
Boonslick Area Vocational Technical School 17-166, Boonville, Mo.	1	24	94.95%	100.00%	88.00%	82.4%	82.6%	23
Cape Girardeau Area Vocational Technical School 17-167, Cape Girardeau, Mo.	1	24	100.00%	94.74%	100.00%	100.00%	95.5%	22
Cass Career Center 17-129 Harrisonville, Mo.	1	21	NA	NA	NA	Opened FY98	N/A	N/A
Columbia Public Schools 17-199 Columbia, Mo.	2	32	94.74%	100.00%	93.88%	92.6%	95.1%	41
Gibson Area Vocational Technical School 17-164 Reeds Springs, Mo.	1	40	100.00%	95.24%	91.67%	100.00%	89.5%	19
Hannibal Public School 17-193 Hannibal, Mo.	1	24	89.47%	93.75%	94.74%	100.00%	93.3%	15
Jefferson College 17-174 Hillsboro, Mo.	1	60	100.00%	100.00%	100.00%	100.00%	97.8%	45
Kennett Area Vocational Technical School 17-189 Kennett, Mo.	1	20	100.00%	100.00%	100.00%	94.1%	82.4%	17
Kirksville Area Vocational Technical School 17-186, Kirksville, Mo.	1	24	100.00%	100.00%	94.44%	85.7%	100.0%	20
Lex La-Ray Technical Center 17-105 Lexington, Mo.	1	28	91.30%	100.00%	85.00%	85.7%	86.7%	15
Mineral Area College 17-192 Park Hills, Mo.	1	32	100.00%	95.00%	93.75%	93.8%	100.0%	17
Moberly Area Community College 17-183 Moberly, Mo.	1	32	100.00%	95.45%	80.95%	95.2%	89.5%	19
Moberly Area Community College/Mexico 17-161 Mexico, Mo.	1	30	N/A	N/A	Opened FY97	N/A	100.00%	8
Nevada Regional Technical Center 17-187 Nevada, Mo.	1	30	100.00%	95.65%	100.00%	95.8%	91.3%	23
Nichols Career Center 17-190 Jefferson City, Mo.	1	35	100.00%	92.31%	80.77%	95.2%	95.2%	21
North Central Missouri College 17-185 Trenton, Mo.	1	37	100.00%	100.00%	100.00%	80.00%	92.7%	41
Northland Career Center 17-102 Platte City, Mo.	1	29	93.10%	96.00%	80.95%	91.7%	91.3%	23

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MISSOURI ACCREDITED PRACTICAL NURSING PROGRAMS- YEAR PASS RATES

NAME OF PROGRAM	Number of Classes Per year	Approved Number of Students Per Class	07/94-06/95	07/95-06/96	07/96-06/97	07/97-06/98	07/98-06/99	# Students tested on Fiscal Report 98-99*
Northwest Technical School 17-179 Maryville, Mo.	1	25	94.74%	96.00%	90.91%	95.5%	100.00%	20
Hillyard Technical Center 17-189 St. Joseph, Mo.	1	35	95.45%	100.00%	95.45%	100.00%	100.00%	19
Ozarks Technical Community College 17-198 Springfield, Mo.	2	31	100.00%	98.26%	95.83%	100.00%	96.3%	27
Penn Valley Community College 17-157 Kansas City, Mo.	2	180	95.60%	81.00%	92.00%	89.8%	96.9%	32
Pike/Lincoln Technical Center 17-168 Eolia, Mo.	1	25	95.00%	90.00%	94.74%	84.6%	100.00%	8
Poplar Bluff School District 17-153 Poplar Bluff, Mo.	1	24	100.00%	100.00%	94.74%	100.00%	86.4%	22
Rolla Technical Institute 17-164 Rolla, Mo.	1	30	95.83%	100.00%	96.15%	92.3%	92.3%	26
Saline County Career Center 17-175 Marshall, Mo.	1	20	89.47%	100.00%	94.44%	83.3%	80.0%	15
Sanford Brown College/Des Peres 17-103 St. Louis, Mo.	2	51	87.36%	81.01%	74.67%	64.0%	75.0%	56
Sanford Brown College/Kansas City 17-152 North Kansas City, Mo.	3	50	92.52%	88.43%	81.46%	65.3%	69.4%	72
Sanford Brown College/St. Charles 17-104 St. Charles, Mo.	2	50	90.59%	92.19%	85.11%	72.2%	77.5%	40
School District of Joplin 17-195 Joplin, Mo.	2	27	97.73%	100.00%	94.59%	100.00%	93.5%	46
Sikeston Public Schools/Sikeston 17-188 Sikeston, Mo.	1	32	97.83%	89.00%	96.67%	88.5%	80.8%	26
Sikeston Public Schools/Hayti 17-149 Hayti, Mo.	1	20	NA	100.00%	85.71%	80.00%	72.7%	11
South Central Area Vocational Technical School 17-177, West Plains, Mo.	2	40	100.00%	100.00%	100.00%	100.00%	97.1%	34
St. Charles County Community College 17-150 St. Peters, Mo.	1	60	93.33%	88.00%	84.21%	100.00%	44.4%	9
St. Louis Board of Education 17-158 St. Louis, Mo.	2	80	75.41%	77.34%	59.14%	57.7%	87.9%	33
St. Louis College of Health Careers/Metro 17-155 St. Louis, Mo.	2	30	77.50%	76.71%	65.63%	47.2%	45.0%	40
St. Louis College of Health Careers/Butler Hill 17-150, St. Louis, Mo.	2	30	NA	NA	71.88%	67.7%	73.1%	26
State Fair Community College 17-182 Sedalia, Mo.	1	36	94.12%	97.06%	100.00%	97.33%	97.1%	34
Tri-County Technical School 17-108 Eldon, Mo.	1	25	100.00%	100.00%	100.00%	90.5%	88.9%	18
Warrensburg Area Vocational Technical School 17-172, Warrensburg, Mo.	1	30	100.00%	96.00%	100.00%	95.7%	90.9%	22
Washington School of Practical Nursing 17-176 Washington, Mo.	1	30	100.00%	95.24%	95.00%	91.3%	100.0%	18
Waynesville Technical Academy 17-165 Waynesville, Mo.	1	30	100.00%	82.75%	92.00%	100.00%	96.2%	26

The Principles of Chronic Wound Management A 3-Day Workshop

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St. Joseph, MO • March 21-23
St. Louis, MO • April 25-27
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MISSOURI ACCREDITED ASSOCIATE DEGREE PROGRAMS-FIVE YEAR PASS RATES

NAME OF PROGRAM	Number of Classes Per year	Approved Number of Students Per Class	07/94-08/95	07/95-08/96	07/96-08/97	07/97-08/98	07/98-08/99	# Students tested on Fiscal Report 98-99*
Columbia College 17-412 Columbia, Mo.	2	32	80.65%	96.43%	84.62%	100.00%	78.9%	19
Crowder College 17-410 Neosho, Mo.	2	60	97.22%	90.63%	92.88%	92.3%	91.2%	34
Deaconess College of Nursing 17-415, St. Louis, Mo.	2	40	93.75%	100.00%	85.00%	82.4%	61.9%	21
East Central College/Union 17-470, Union, Mo.	1	24	93.75%	100.00%	85.00%	91.7%	83.3%	18
East Central College/Rolla 17-428, Rolla, Mo.	1	16	NA	NA	NA	92.9%	71.4%	7
Fort Leonard Wood Satellite/ Lincoln University, 17416 Fort Leonard Wood, Mo.	1	40	100.00%	100.00%	84.62%	95.7%	84.6%	13
Hannibal La-Grange College 17-472, Hannibal, Mo.	1	30	92.86%	95.65%	57.14%	100.00%	100.00%	3
Jefferson College 17-460 Hillsboro, Mo.	1	60	97.22%	91.38%	96.55%	91.7%	78.3%	29
Jewish College of Nursing 17-420, St. Louis, Mo.	3	150	83.53%	84.92%	90.00%	83.5%	84.1%	107
Lester L. Cox College of Nursing, 17-425 Springfield, Mo.	2	50	NA	NA	66.67%	85.0%	82.1%	56
Lincoln University (Jefferson City) 17-467 Jefferson City, Mo.	2	70	96.10%	94.44%	89.74%	93.9%	86.7%	30
Mineral Area College 17-466 Park Hills, Mo.	1	36	93.10%	96.30%	91.43%	84.6%	83.3%	42
Moberly Area Community College 17-474 Moberly, Mo.	2	70	88.00%	92.06%	77.59%	72.9%	86.5%	37
North Central Missouri College 17-405 Trenton, Mo.	1	40	75.86%	89.80%	88.00%	75.00%	79.1%	43
Park College/Parkville 17-411, Parkville, Mo.	1	35	96.30%	84.38%	90.99%	88.6%	94.4%	36
Penn Valley Community College 17-465 Kansas City, Mo.	2	120	89.84%	91.75%	67.46%	79.2%	75.5%	94

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408/455-5174, 1-800-648-6620
Fax: 408-455-4995

E-MAIL: jrschreck@benefis.org



Jefferson Memorial Hospital

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Mission Statement

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Jefferson Memorial Hospital is an integrated healthcare system servicing the rural community of Jefferson County. We offer immediate career opportunities in all disciplines of nursing (Surgical Nursing, Medical Nursing, Telemedicine, L&D, OB, Emergency Room, ICU, and Long Term Care). We have available full-time, part-time, and PRN evenings and nights.

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MISSOURI ACCREDITED ASSOCIATE DEGREE PROGRAMS-FIVE YEAR PASS RATES

NAME OF PROGRAM	Number of Classes Per year	Approved Number of Students Per Class	07/94-06/95	07/95-06/96	07/96-06/97	07/97-06/98	07/98-06/99	# Students tested on Fiscal Report 98-99*
Sanford Brown Community/ Des Peres St. Louis 17-422 St. Louis, Mo.	2	49	94.12%	68.89%	62.26%	55.7%	50.9%	57
Sanford Brown College/ Kansas City 17-423 North Kansas City, Mo.	2	48	79.63%	82.61%	71.25%	54.6%	58.3%	87
Sanford Brown College/ St. Charles 17-421 St. Charles, Mo.	2	48	78.57%	74.73%	68.57%	53.1%	70.9%	55
Southeast Missouri Hospital College of Nursing 17-424 Cape Girardeau, Mo.	1	35	NA	84.21%	83.33%	88.2%	100.00%	14
Southeast Missouri State University 17-479 Cape Girardeau, Mo.	1	40	98.67%	94.74%	90.91%	71.4%	78.8%	33
Southwest Missouri State University 17-400 West Plains, Mo.	1	35	94.44%	92.86%	87.86%	86.1%	79.2%	24
St. Charles County Community College 17-468 St. Peters, Mo.	1	120	100.00%	94.67%	92.31%	90.0%	95.6%	45
St. John's School of Nursing/ SBU 17-418 Springfield, Mo.	2	250	NA	Opened FY96	NA	100.00%	94.9%	59
St. Louis Community College/ Flo Valley 17-464 St. Louis, Mo.	2	40	85.88%	95.00%	89.09%	78.0%	83.7%	43
St. Louis Community College/ Forest Park 17-476 St. Louis, Mo.	3	55	96.51%	79.73%	90.57%	93.6%	83.3%	30
St. Louis Community College/ Meramec 17-477 St. Louis, Mo.	2	60	99.05%	98.67%	98.86%	97.1%	93.6%	78
State Fair Community College 17-408, Sedalia, Mo.	2	80	94.59%	87.50%	88.64%	90.7%	81.5%	27
Three Rivers Community College 17-462 Poplar Bluff, Mo.	1	30	100.00%	90.91%	90.91%	90.9%	73.7%	19
Three Rivers Community College 17-437 Sikeston, Mo.	1	26	N/A	N/A	N/A	Opened FY98	N/A	N/A

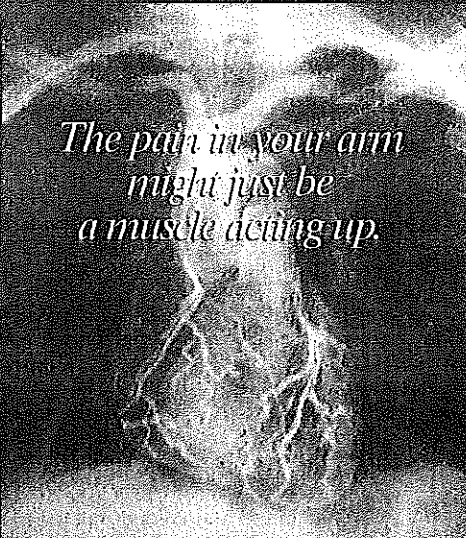
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NAME OF PROGRAM	Number of Classes Per year	Approved Number of Students Per Class	07/94-08/95	07/95-06/96	07/96-06/97	07/97-06/98	07/98-06/99	# Students tested on Fiscal Report 98-99*
Lutheran Medical Center 17-392, St. Louis, Mo.	2	125	98.84%	83.33%	93.90%	95.7%	75.5%	53
Missouri Baptist Medical Center 17-391 St. Louis, Mo.	1	110	98.55%	96.55%	93.44%	93.0%	90.3%	62

MISSOURI ACCREDITED BACCALAUREATE DEGREE NURSING PROGRAMS-FIVE YEAR PASS RATES

NAME OF PROGRAM	Number of Classes Per year	Approved Number of Students Per Class	07/94-08/95	07/95-06/96	07/96-06/97	07/97-06/98	07/98-06/99	# Students tested on Fiscal Report 98-99*
Avia College 17-554 Kansas City, Mo.	1	50	64.29%	76.19%	69.23%	95.8%	90.0%	30
Barnes College of Nursing/UMSL 17-508 St. Louis, Mo.	2	150	85.48%	87.95%	77.31%	78.9%	71.6%	109
Blessing Riemann College/Quincy IL 17-504 Quincy, IL	1	65	71.43%	80.49%	72.73%	80.0%		
Central Methodist College 17-509, Fayette, Mo.	1	50	NA	NA	NA	66.7%	87.5%	8
Central Missouri State University, 17-573 Warrensburg, Mo.	2	30	91.11%	93.62%	92.86%	80.0%	88.9%	36
Deaconess College of Nursing 17-500, St. Louis, Mo.	2	100	98.15%	93.88%	88.84%	91.8%	91.5%	59
Graceland College 17-508 Independence, Mo.	1	50	92.31%	85.29%	78.38%	92.0%	86.4%	44
Maryville University of St. Louis 17-501 St. Louis, Mo.	1	120	88.00%	92.00%	81.25%	82.0%	63.6%	22
Missouri Southern State College 17-510 Joplin, Mo.	1	40	NA	NA	100.00%	100.00%	75.0%	20
Missouri Western State College 17-502 St. Joseph, Mo.	2	40	91.80%	88.71%	86.76%	88.6%	88.8%	54
Research College of Nursing 17-566, Kansas City, Mo.	2	125	91.89%	88.89%	78.48%	85.5%	84.8%	66
Sinclair School of Nursing/UMC 17-582 Columbia, Mo.	2	60	93.14%	93.94%	90.91%	94.3%	86.2%	87
Southeast Missouri State University 17-563 Cape Girardeau, Mo.	1	50	88.84%	90.48%	81.82%	72.1%	73.2%	41
St. Louis University 17-588 St. Louis, Mo.	3	120	92.59%	90.13%	83.45%	88.8%	86.5%	96
St. Luke's College of Nursing 17-505, Kansas City, Mo.	1	65	95.65%	98.00%	94.87%	95.8%	96.7%	30
Truman State University 17-572, Kirksville, Mo.	1	65	97.44%	89.13%	92.59%	92.0%	84.0%	25
William Jewell College 17-560, Liberty, Mo.	1	60	94.44%	100.00%	87.10%	83.9%	80.8%	26

*Fiscal Year = July 1 to June 30

Happy Holidays

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Benefits include:

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NCLEX examination item writers write items (questions) that are used for the NCLEX examination with the assistance of the National Council's test service. Item reviewers check items for currency, accuracy, job relatedness and appropriateness for the entry-level nurse.

To access the item development panel application online:

1. Go to the National Council's Web site at <http://www.ncsn.org>
2. Choose "NCLEX® Examination" from the scroll-down menu on the National Council's home page
3. Click the Section Contents link labeled "Developing the NCLEX® Examination"
4. Click the link labeled "Item Development Application"




If you do not have access to the Web or if you have any questions, please call the National Council's Item Development Hotline at 312/787-6555, Ext. 496, and leave a message with your name, address and phone number.

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For detailed information, contact the
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St. Anthony's Medical Center
HUMAN RESOURCES DEPARTMENT
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(314) 525-1010
Fax: (314) 525-4040
EOE M/F/H/V

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Summary of Actions from September 1999 Board Meeting

ADMINISTRATIVE MATTERS

- A draft of proposed By-laws was reviewed and adopted.
- Legislative proposals were reviewed and approved for the 2000 legislative session.

EDUCATION MATTERS

The Board met with the following schools to discuss the following matters:

- St. Louis College of Health Careers-Metro Campus' update on the progress in relation to low performance on the NCLEX.
- St. Louis College of Health Careers-Butler Hill Campus' update on the completion of closure process.
- St. Louis College of Health Careers-Butler Hill Campus' proposal to start a practical nursing program. Decision: Table request until the next full Board meeting in December 1999 due to the initial incomplete proposal.
- Texas County Technical Institute's proposal to start a practical nursing program. Decision: Table until the next full board meeting in December to allow the school time to complete the total proposal and address the issues discussed.
- Sanford Brown College-Kansas City, LPN program's response to two consecutive years of a NCLEX pass rate below 80%.
- Sanford Brown College-Des Peres, LPN program's response to three consecutive years of a NCLEX pass rate below 80%.

- Sanford Brown College-St. Charles, LPN program's response to two consecutive years of a NCLEX pass rate below 80%.

- Sanford Brown College-Kansas City, Associate Degree Program's response to three consecutive years of a NCLEX pass rate below 80%.

- Sanford Brown College-Des Peres, Associate Degree Program's response to four consecutive years of a NCLEX pass rate below 80%. Decision: Refer to the Attorney General's office for initiation of the disciplinary process according to Chapter 335, RSMo.

- Sanford Brown College-St. Charles, Associate Degree Program's update in regard to agreement with Board of Nursing concerning pass rates below 80% for four consecutive years.

PRACTICE MATTERS

The Board considered the recommendation from the Practice Committee regarding the request by the Missouri State Medical Association and the Missouri Society of Anesthesiologists to withdraw or retract or correct, respectively, the Position Statement, "Board of Nursing-Recognized Nurse Anesthetist Scope of Practice". Decision: Table this until the first conference call after the September Board meeting and to fax any proposed language to those represented prior to that conference call with request for their opinions before that conference call.

DISCIPLINE MATTERS

The Board held six violation and five disciplinary hearings.

SCHEDULE OF BOARD MEETING DATES THROUGH 2000

December 8-9, 1999
March 16-17, 2000
June 6-7, 2000
September 7-8, 2000
December 7-8, 2000

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the State Board of Nursing, P. O. Box 656, Jefferson City, MO 65102 or by calling 573-751-1416 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Dates, times, and locations are subject to change. Please contact the Board office for current information.

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Tenure track position in new masters program at an NLN accredited Nursing Program in public comprehensive university beginning August 2000, at Warrensburg campus. R.N. holding a Master's degree in Nursing; doctoral student status; and certified FNP or certification eligible required. Earned doctorate desired (nursing preferred). Previous teaching experience and clinical supervision of students desired. Compensation and rank determined by experience. Submit application and resume to Martha Sherman, Chair of Search Committee, Department of Nursing

Central Missouri State University
University Health Center, Room 102
Warrensburg, MO 64093
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AA/EEO/ADA

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CATHOLIC HEALTH INITIATIVES

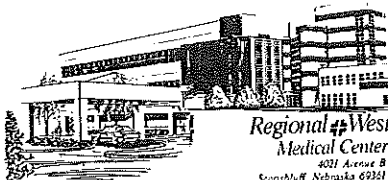
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MISSOURI CODE OF STATE REGULATIONS MISSOURI STATE BOARD OF NURSING

CHAPTER 3 – PRACTICAL NURSING

4 CSR 200-3.001 Definitions

PURPOSE: This rule defines terms used in 4 CSR 200.

(1) When used in 4 CSR 200-3, the following terms mean:

- (A) Accredited—Recognized by board as meeting or maintaining minimum standards for educational preparation of practical nurses;
- (B) Administrator—Registered professional nurse with authority and responsibility for administration of the program;
- (C) Annual Report—Report submitted annually by the administrator of the program that updates information on file with the board and validates continuing compliance with minimum standards;
- (D) Board—Missouri State Board of Nursing;
- (E) Campus—A separate geographic location with a separate student body and coordinator;
- (F) Certificate of accreditation—Document issued by the board to schools of nursing which have met minimum standards;
- (G) Clinical experience—Faculty planned and guided learning activities designed to meet course objectives or outcomes and to provide a nursing student with the opportunity to practice cognitive, psychomotor, and affective skills in the delivery of nursing care to an individual, group or community;
- (H) Clinical skills laboratory—Designated area where skills and procedures can be demonstrated and practiced;

- (I) Conditional accreditation—Status of a school or program that has failed to meet or maintain the regulations or requirements, or both, set by the board. This status is subject to the school or program conforming to the requirements and recommendations and within a time period set by the board;
- (J) Coordinator—Registered professional nurse with authority and responsibility for administration of the campus nursing program as delegated by the administrator of the nursing program;
- (K) Curriculum—Planned studies and learning activities designed to lead students to graduation and eligibility for application of licensure;
- (L) Direct care—A clinical experience in which patient care is given by the student under the direction of the faculty member or preceptor;
- (M) Distance learning site—A location separate from primary campus, where the offering of studies is delivered;
- (N) Endorsement—Process of acquiring licensure as a nurse based on original licensure by examination in another state, territory or country;
- (O) Faculty—Individuals designated by sponsoring institution with responsibilities for development, implementation and evaluation of philosophy, objectives and curriculum of nursing program;
- (P) Full-time faculty—Those individuals deemed by sponsoring institution to meet definition for full-time employment;
- (Q) Generic—Initial educational program in nursing leading to entry-level licensure;
- (R) Governing body—Body authorized to

- establish, monitor policies and assume responsibility for the educational programs;
- (S) Graduate competency—Individual graduate behaviors;
- (T) Initial accreditation—Status of a newly established school or program that has not graduated its first class and has not received other approval status;
- (U) Minimum standards—Criteria which nursing programs shall meet in order to be accredited by the board;
- (V) NCLEX-PN® examination—National Council Licensure Examination for Practical Nurses;
- (W) Observational experiences—Faculty planned learning experiences designed to assist students to meet course objectives by the observation of patients/clients;
- (X) Participatory observation—A planned clinical experience in which students under the direction of a faculty member, may participate in basic care activities, such as, assessment of vital signs, collection of data and assistance with activities of daily living where a registered nurse or licensed practical nurse may or may not be present. Students shall have the skills appropriate to the experiences planned. Students may not participate in invasive or complex nursing activities beyond documented competencies without direct supervision of faculty member or preceptor;
- (Y) Part-time faculty—Individuals deemed by the sponsoring institution to meet the definition for part-time employment;
- (Z) Philosophy—A composite of the beliefs that the faculty accepts as valid and is directly related to curriculum practices which may be noted as mission or goals of the program;
- (AA) Pilot program/project—Educational activity which has board approval for a limited time;

Continued to page 27

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MISSOURI CODE OF STATE REGULATIONS (Continued from page 26)

- (BB) Preceptor—Registered professional or licensed practical nurse assigned to assist nursing students in an educational experience which is designed and directed by a faculty member;
- (CC) Program—Course of study leading to a diploma or certificate;
- (DD) Requirement—a mandatory condition that a school or program meets in order to comply with minimum standards;
- (EE) Sponsoring institution—The institution that is financially and legally responsible for the nursing program;
- (FF) Statement of need—Current evidence of need for professional and practical nurses and of community support;
- (GG) Systematic evaluation plan—Written plan developed by faculty for comprehensive evaluation of all aspects of the program; and
- (HH) Written agreement—Formal memorandum of understanding or contract between a nursing education program and a clinical site which designates each party's responsibilities for education of nursing students.

AUTHORITY: section 335.036, RSMo Supp. 1997.*
Original rule filed March 25, 1993, effective Dec. 9, 1993.
Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999.
*Original authority 1975, amended 1981, 1985, 1993, 1995.

4 CSR 200-3.010 Accreditation

PURPOSE: This rule defines accreditation in the minimum standards for accredited programs of practical nursing in Missouri.

- (1) Programs of practical nursing shall obtain accreditation from the Missouri State Board of Nursing.

(A) Purposes of Accreditation.

1. To promote the safe practice of practical nursing by setting minimum standards for schools preparing entry level practical nurses.
2. To assure that educational requirements for admission to the licensure examination have been met and to facilitate endorsement in other states, territories, countries, or any combination of these.
3. To encourage continuing program improvement through self-study, evaluation and consultation.
4. To assist programs of practical nursing in developing and maintaining academic standards (didactic and clinical) that are congruent with current educational and nursing practice standards.

(B) Classification of Accreditation.

1. Initial accreditation—is the status granted a program of practical nursing until full accreditation is granted.
2. Full accreditation—is the status granted a program of practical nursing after the program has graduated one (1) class and has met minimum standards.
3. Conditional accreditation—is the status of a program that has failed to meet or maintain the regulations or requirements, or both, set by the board. This status is subject to the school or program conforming to the requirements set by the board.

(C) Accreditation Process.**1. Requirements for initial accreditation.**

- A. An institution desiring to establish a program of practical nursing should send a letter of intent to the board at least three (3) months prior to the submission of a proposal. The letter of intent must include: the mission statement of the educational institution; accreditation status of the educational institution; type and length of the nursing program proposed; and tentative budget plans including evidence of financial resources adequate for planning, implementing, and continuing the nursing program.

- B. A program proposal shall be written and presented to the board by the administrator of the proposed program with or without faculty assistance. The proposal shall bear the signature of the administrator who shall meet the criteria in 4 CSR 200-3.080(2)(A) and shall be active in the position on a full-time basis for at least nine (9) months and preferably, one (1) year prior to the entry of the first class. Fourteen (14) copies of the proposal must be accompanied by the required application fee. The proposal must be prepared following the reporting format and include each component as indicated in 4 CSR 200-3.010(1)(C). Board approval of the proposal with or without contingencies must be obtained no later than six (6) months prior to the anticipated opening date.

- C. A proposal submitted shall contain the following information:

- (I) Statement of Need and feasibility study which includes:
 - (a) Documentation of the need for the nursing program with rationale for why the program should be established;
 - (b) Number of professional nursing and practical nursing programs in the area and potential effect on those nursing programs;
 - (c) Number and source of anticipated student population;
 - (d) Number and type (practical nurse, associate, diploma, and baccalaureate) of nurses available in service area;
 - (e) Number and type of employers in the service area including documentation that these employers

need graduates of the proposed program, including projections of nursing staff needs;

- (f) Documentation of community and economic development need and support for the proposed nursing program;
- (g) Letters of support for the proposed nursing program; and
- (h) Source of potential qualified administrator and faculty;
- (II) Curriculum.
 - (a) Philosophy.
 - (b) Graduate competencies.
 - (c) Curriculum sequence.
 - (d) Course objectives and descriptions including credit hours/clock hours for all courses;
- (III) Students.
 - (a) Number of students per class.
 - (b) Number of classes admitted per year.
 - (c) Admission criteria.
 - (d) Plans for progression and retention of students.
 - (e) Grievance procedure.
 - (f) Plan for emergency health care of nursing students;
- (IV) Faculty.
 - (a) Number of full-time and part-time faculty.
 - (b) Qualifications of faculty.
 - (c) Position descriptions;
- (V) Ancillary personnel.
 - (a) Position descriptions.
 - (b) Number of full-time and part-time ancillary personnel;
- (VI) Sponsoring institution.
 - (a) Evidence of authorization to conduct the program of practical nursing.
 - (b) Accreditation status of the sponsoring institution.
 - (c) Description of the governing body and copies of the organizational charts of the sponsoring institution and of the program of practical nursing.
 - (d) Evidence of the financial stability and resources of the sponsoring institution and the program of nursing; and

Continued to page 28

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MISSOURI CODE OF STATE REGULATIONS (Continued from page 27)

- (VII) Facilities.
- (a) Description of education facilities (classrooms, library, offices, clinical skills laboratory and other facilities).
 - (b) Description of available equipment and supplies for clinical development, list of library and learning resources and number of computers available for student use.
 - (c) Description of clinical sites that will provide educationally sound experiences.
 - (d) A letter of intent from each proposed clinical site indicating that they are able to offer/provide the educational experiences necessary for student learning.
- (D) Site Survey.
1. Prior to initial accreditation a representative from the board shall make an on-site survey to verify implementation of the proposal and compliance with 4 CSR 200-3.050-4 CSR 200-3.130.
- (E) Board Decision.
1. Initial accreditation will be granted if the site survey indicates the proposal has been implemented and the program is in compliance with 4 CSR 200-3.050-4 CSR 200-3.130 as determined by the board or its representative(s). Throughout the period of initial accreditation, the program will be evaluated annually. Upon graduation of the first class to complete the entire program and receipt of results of the National Council Licensure Examination for Practical Nurses (NCLEX-PN® examination), the board will review—
 - A. The program's compliance with minimum standards during initial accreditation including the program's adherence to the approved proposal and changes authorized by the board;
 - B. Report of the on-site survey (if conducted);
 - C. Report of the National Council Licensure Examination NCLEX® results (see 4 CSR 200-3.180(1)); and
 - D. Identification and analysis of student attrition rate.
 2. After its review, the board will decide to

continue initial accreditation for a period of not more than one (1) year, deny accreditation or grant full accreditation.

(2) Full Accreditation.

(A) Annual Report. Each program and each campus of each program shall complete and submit an annual report to the board. A copy of a current operational budget and audited fiscal report showing income and expenditures shall be submitted with the annual report. Annual reports shall be completed with current information except where otherwise noted in the annual report form and sent to the board prior to the deadline established per board policy. Annual reports shall be submitted in a format provided by the board. Following review by the board, each program shall be notified of the board's action(s).

(B) Five (5)-Year Survey. Each accredited program and each campus of each accredited program shall be surveyed every five (5) years from the first year of full accreditation. An on-site survey or a paper survey may be conducted. If a nursing program is accredited by a nationally recognized nursing accrediting body AND accredited by North Central Association for Schools and Colleges or the Coordinating Board for Higher Education, or the Accrediting Council for Independent Colleges and Schools, a five (5)-year on-site survey may be deferred. A paper review may be completed to include a self-study, recommendations of accrediting body, attrition information as required by the board. Copies of correspondence regarding changes in accreditation status shall be submitted to the Board of Nursing immediately.

(C) Additional Visits/Surveys. A representative of the board shall make additional visits/surveys as deemed necessary by the board. A program may request additional visits.

(3) Annual Registration.

(A) An application for annual registration shall be sent to each accredited program and each campus of each accredited program from the board. Failure to receive the application will not relieve the program of its obligation to register.

(B) A separate annual registration form and designated fee shall be submitted to the board for each accredited program and each campus of each accredited program prior to June 1.

(C) Programs shall not operate without current registration. Failure to submit the required registration fee prior to June 1 will result in a lapsed status and the disciplinary process shall be initiated.

(4) Disciplinary Process.

(A) Removal of Accreditation. A program's accreditation may be removed pursuant to section 335.071.3, RSMo, for noncompliance with minimum standards.

(B) Should circumstances warrant, the board will notify the program administrator of

concerns regarding the program, and the administrator will be requested to respond to those concerns.

(C) A program which fails to correct identified deficiencies to the satisfaction of the board within a reasonable time shall, after notice and hearing, be removed from the board's listing of accredited programs.

AUTHORITY: section 335.036, RSMo Supp. 1997.*
Original rule filed Jan. 29, 1974, effective Feb. 8, 1974.
Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975.
Rescinded and readopted: Filed Oct. 14, 1981, effective Jan. 14, 1982. Amended: Filed Oct. 14, 1987, effective Jan. 29, 1988. Rescinded and readopted: Filed March 25, 1993, effective Dec. 9, 1993. Amended: Filed Dec. 14, 1994, effective May 28, 1995. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999.
*Original authority 1975, amended 1981, 1995, 1993, 1995.

4 CSR 200-3.020 Discontinuing and Reopening Programs

PURPOSE: This rule defines the procedure for discontinuing and reopening programs of practical nursing.

(1) Program Discontinuation.

(A) A letter of intent shall be submitted to the board, at least six (6) months and, preferably, one

(1) year prior to closing the program. A letter of intent shall include:

1. Closing date; and
2. Plans for completion of program for currently enrolled students.

(B) The plan for closure must be approved by the board prior to implementation.

(C) Date of completion on the diploma/certificate shall be on or before the official closing date of the program.

(D) Application for registration with the required fee shall be submitted annually to the board as long as there are students in the program of practical nursing.

(E) Records for all graduates and for all students who attended the program of practical nursing shall be filed in the manner used by the institution conducting the program.

1. Transcripts of all courses attempted or completed by each student attending the program shall be maintained permanently in a fire-resistant file, storage area, or both. Provisions for obtaining copies of transcripts shall be maintained.

2. If the program of practical nursing closes, but the sponsoring institution continues, that institution shall assume the responsibility for the records and notify the board, in writing, of the location of the storage of the records.

3. If the program of practical nursing and the sponsoring institution both close, the transcripts shall be given permanent custodial care and the board shall be notified in writing of the name and address of the custodian.

(F) Classroom and clinical instruction approved by the board shall be provided until the designated date of closing. The school shall be responsible for providing a complete educational program for the currently enrolled students or shall provide a mechanism for transfer.

(2) Program Reopening. The procedure for reopening a program of practical nursing is the same as for initial accreditation in 4 CSR 200-3.010(1)(C).

AUTHORITY: section 335.036, RSMo Supp. 1997.*

Continued to page 29

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MISSOURI CODE OF STATE REGULATIONS (Continued from page 28)

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*Original authority 1975, amended 1981, 1985, 1993, 1995.

4 CSR 200-3.030 Change in Sponsorship

PURPOSE: This rule defines the procedure for change of sponsorship.

- (1) An institution assuming the sponsorship of an accredited program of practical nursing shall notify the board in writing within ten (10) working days after the change of sponsorship.
- (2) A Change in Sponsorship Form provided by the board shall be completed and returned within thirty (30) days of receipt of form.
- (3) Any proposed changes that affect the criteria included in 4 CSR 200-3.010(1)(C)1. A.-C. must be approved by the board prior to implementation.
- (4) Program documents shall be changed to indicate the appropriate sponsor. The board may issue a Certificate of Accreditation indicating the change in sponsorship, if appropriate.

AUTHORITY: section 335.036, RSMo Supp. 1997.*
Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Rescinded and readopted: Filed Oct. 14, 1981, effective Jan. 14, 1982. Rescinded and readopted: Filed March 25, 1993, effective Dec. 9, 1993. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999.
*Original authority 1975, amended 1981, 1985, 1993, 1995.

4 CSR 200-3.035 Multiple Campuses

PURPOSE: This rule defines the procedure for multiple campuses.

- (1) Each campus of a program of practical nursing will be treated independently for purposes of compliance with the minimum standards set forth by the State Board of Nursing.
- (2) Each campus is required to submit a separate annual report, five (5)-year survey, annual registration and annual registration fee.
- (3) The program must submit a proposal as indicated in 4 CSR 200-3.010 and receive approval from the Board of Nursing before opening an additional campus. Each additional campus shall be surveyed.
- (4) It is not necessary that there be a separate administrator for programs which have multiple campuses; however, there must be one (1) full-time faculty person designated as the coordinator of each campus.
- (5) Discipline of one (1) campus will not automatically result in discipline of other campuses of the same program.
- (6) Each campus will be evaluated individually concerning licensure examination results.

AUTHORITY: section 335.036, RSMo Supp. 1997.*
Original rule filed March 25, 1993, effective Dec. 9, 1993. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999.
*Original authority 1975, amended 1981, 1985, 1993, 1995.

4 CSR 200-3.040 Program Changes Requiring Board Approval, Notification, or Both

PURPOSE: This rule defines program changes which require board approval, notification, or both.

- (1) Changes requiring board approval prior to implementation—
 - (A) Curriculum;
 - (B) Length of program;
 - (C) Clinical sites;
 - (D) Increase number of students by admission or transfer, by more than one (1) beyond the number approved by the Board of Nursing;
 - (E) Pilot program project;
 - (F) Relocation of the program or any of its components;
 - (G) Appointment of new faculty or program administrator (see 4 CSR 200-3.060).
- (2) Curriculum changes that require board approval include:
 - (A) Alteration of the program philosophy, purpose(s) and/or objectives which influence or affect the integration of material into the total curriculum; and
 - (B) A plan must be presented to the board showing—
 1. Narrative description of the change(s) proposed and the current curriculum;
 2. Rationale for proposed changes;
 3. Concise presentation of the proposed change(s) with the current curriculum, in a side-by-side model, in order to contrast the proposed curriculum with the current curriculum;
 4. Timetable for implementation of changes;
 5. Narrative of impact on the curriculum including philosophy, graduate competencies, and curriculum sequence;
 6. Explanation of the anticipated effect on: currently enrolled students, role and function of graduates of the changed program, faculty and resources and facilities; and
 7. Methods of evaluation to be used to determine the effect of the change.

- (3) The request shall be submitted prior to the deadline established by the board.
- (4) Program changes in the following areas require board notification and shall be submitted to the board in writing within thirty (30) days:
 - (A) Name of program; and
 - (B) Mailing address.

AUTHORITY: section 335.036, RSMo Supp. 1997.*
Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Rescinded and readopted: Filed Oct. 14, 1981, effective Jan. 14, 1982. Rescinded and readopted: Filed March 25, 1993, effective Dec. 9, 1993. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999.
*Original authority 1975, amended 1981, 1985, 1993, 1995.

4 CSR 200-3.050 Organization and Administration of an Accredited Program of Practical Nursing

PURPOSE: This rule defines the organization and administration of an accredited program of practical nursing.

- (1) Philosophy of the program shall be in writing and shall be consistent with the mission statement or philosophy of the sponsoring institution.
- (2) The graduate competencies shall be derived from the program's philosophy.
- (3) The philosophy and the graduate competencies shall be the basis on which the program is developed.
- (4) Faculty have authority to formulate rules for governing committees of admission and curriculum.
 - (A) Meetings shall be scheduled at stated intervals.
 - (B) Written minutes shall be maintained of all meetings.
- (5) Organizational Charts. The program shall have a current organizational chart showing the relationship of the program to the sponsoring institution, the faculty structure and cooperating agencies.
- (6) Finance.
 - (A) There shall be an annual budget to support the program.
 - (B) The administrator of the program shall administer the budget.
 - (C) The administrator, with input from the faculty, shall make recommendations for the budget.
- (7) Clerical Assistance. Each program shall have secretarial and other support services sufficient to meet the needs of the program.

AUTHORITY: section 335.036, RSMo Supp. 1997.*
Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Rescinded and readopted: Filed Oct. 14, 1981, effective Jan. 14, 1982. Rescinded and readopted: Filed March 25, 1993, effective Dec. 9, 1993. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999.
*Original authority 1975, amended 1981, 1985, 1993, 1995.

4 CSR 200-3.060 Administrator/Faculty

PURPOSE: This rule defines the categories, qualifications and competencies, minimum number, employment policies, responsibilities and reports for faculty members.

- (1) Responsibilities.
 - (A) The administrator of the program shall be a registered nurse employed full-time. The administrator shall have the primary responsibility and the authority for the administration of the nursing program.

Continued to page 30

REGISTERED NURSES

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MISSOURI CODE OF STATE REGULATIONS (Continued from page 29)

- (B) Nurse faculty shall develop, implement, maintain and evaluate the program in relation to stated philosophy and graduate competencies of the program.
- (2) Qualifications and Competencies.
- (A) Program administrator shall meet the following criteria for appointment:
1. Current license to practice professional nursing in Missouri;
 2. Bachelor of Science in Nursing with a clinical component. The program administrator appointed to the position prior to December 9, 1993 is exempt from the requirement of having a Bachelor of Science in Nursing;
 3. Equivalent of two (2) years of full-time experience within five (5) years or have a total of two (2) years of part-time experience within the last (5) five years and evidence of active pursuit of a Baccalaureate of Science in Nursing or higher advanced nursing degree. Experience shall be in nursing education, clinical practice, or administration; and
 4. Qualified for vocational teacher certification. Current certification to be obtained within three (3) months of appointment.
- (C) Non-nurse faculty shall have professional preparation and qualifications for the specific areas in which they are involved.
- (D) Minimum Number of Faculty. One (1) full-time professional nurse in addition to the administrator with sufficient faculty, to achieve the objectives of the educational program and such number shall be reasonably proportionate to: number of students enrolled; frequency of admissions; number and location of clinical sites; and total responsibilities of the faculty. Faculty assignments shall allow time for class and laboratory preparation; teaching; program revision; improvement of teaching methods and participation in faculty organizations and committees.
- (3) Employment Policies.
- (A) To the extent required by the law-age, marital status, sex, national origin, race, color, creed, disability and religion shall not be determining factors in employment.
- (B) Nursing Program.
1. Personnel policies shall be in writing, available, and consistent with the sponsoring agency.
 2. Position descriptions shall be in writing and shall detail the responsibilities and functions for each position.
 3. A planned orientation shall be in writing
- (4) years of part-time experience within the last (5) five years and evidence of active pursuit of a Bachelor of Science in Nursing of higher advanced nursing degree. Experience shall be in nursing education, clinical practice, or administration; and
- (4) Responsibilities. The administrator and faculty of the program shall be responsible for, but not limited to:
- (A) Complying with minimum standards;
 - (B) Ongoing, systematic development, implementation and evaluation of the total program;
 - (C) Instruction and evaluation of students;
 - (D) Participation on committees providing input on policies regarding recruitment, admission, retention, promotion and graduation of students;
 - (E) Ensuring availability of academic advisement and guidance of students;
 - (F) Maintenance of student records;
 - (G) Ensuring confidentiality of student records;
 - (H) Maintenance of clinical and educational competencies in areas of instructional responsibilities. The program administrator and faculty shall maintain professional competence by activities which may include nursing practice, continuing education, writing, or participation in professional associations;
 - (I) Participation in program activities; and
 - (J) Participation in the development of departmental and institutional policies.

and implemented, including a description of the role of a licensed practical nurse and professional nurse according to the Nursing Practice Act (NPA).

(4) Responsibilities. The administrator and faculty of the program shall be responsible for, but not limited to:

- (A) Complying with minimum standards;
- (B) Ongoing, systematic development, implementation and evaluation of the total program;
- (C) Instruction and evaluation of students;
- (D) Participation on committees providing input on policies regarding recruitment, admission, retention, promotion and graduation of students;
- (E) Ensuring availability of academic advisement and guidance of students;
- (F) Maintenance of student records;
- (G) Ensuring confidentiality of student records;
- (H) Maintenance of clinical and educational competencies in areas of instructional responsibilities. The program administrator and faculty shall maintain professional competence by activities which may include nursing practice, continuing education, writing, or participation in professional associations;
- (I) Participation in program activities; and
- (J) Participation in the development of departmental and institutional policies.


AUTHORITY: section 335.036, RSMo Supp 1997.*
Original rule filed Jan. 29, 1974, effective Feb. 8, 1974.
Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975.
Rescinded and readopted: Filed Oct. 14, 1981, effective Jan. 14, 1982. Rescinded and readopted: Filed March 25, 1993, effective Dec. 9, 1993. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999.
*Original authority 1975, amended 1981, 1985, 1993, 1995.

4 CSR 200-3.070 Physical Facilities.

PURPOSE: This rule defines the physical facilities required for programs of practical nursing.

Continued to page 31

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MISSOURI CODE OF STATE REGULATIONS (Continued from page 30)

- (1) Office Space and Equipment.
 - (A) The institution shall provide space and equipment to fulfill the purpose of the program.
 - (B) The administrator of the program shall have a private office.
 - (C) The coordinator and faculty shall have office space sufficient to carry out responsibilities of their position.
 - (D) Private areas shall be provided for faculty/student conferences.
 - (E) Fire-resistant storage space for student records (refer to 4 CSR 200-3.110(2)(B)).
- (2) Library.
 - (A) Each program and each campus of each program shall have library resources with the following:
 1. Quiet area designated for study;
 2. Current resources to meet the educational needs of the students and to meet the instructional and scholarly activities of the faculty;
 3. Budgetary plan for acquisition of printed and multimedia material;
 4. System for readily identifying or deleting outdated resources;
 5. Policies and procedures governing the administration and the use of the library shall be in writing and available to students; and
 6. Library resources shall be available and accessible to meet the needs of the students.
- (3) Classrooms and Clinical Skills Laboratory.
 - (A) Classrooms shall be of size, number and type for the number of students and teaching methodology.
 - (B) Classrooms shall have climate control, ventilation and lighting conducive to learning.
 - (C) Classrooms shall have seating, furnishings and equipment conducive to learning.
 - (D) Storage space shall be available for equipment and supplies.
 - (E) Each program and each campus of each program shall have a clinical skills laboratory available to the students.

AUTHORITY: section 335.036, RSMo Supp. 1997.*
 Original rule filed Jan. 29, 1974, effective Feb. 8, 1974.
 Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975.
 Rescinded and readopted: Filed Oct. 14, 1981, effective Jan. 14, 1982. Rescinded and readopted: Filed March 25, 1993, effective Dec. 9, 1993. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999.
 *Original authority 1975, amended 1981, 1985, 1993, 1995.

4 CSR 200-3.080 Clinical Sites

PURPOSE: This rule defines approval for and required clinical learning experiences in clinical facilities used by the educational unit.

- (1) Clinical sites shall be selected which will provide learning experiences to meet the objectives of the course.
- (2) Clinical sites used for direct care and participatory observation shall be approved by the board prior to utilization for student learning experiences.
- (3) Clinical sites used for observation do not require board approval prior to utilization.
- (4) Observational and participatory observation experiences should provide learning experiences to meet the program outcomes and should not exceed forty percent (40%) of the total clinical program hours. Orientation to the facility does not contribute to the forty percent (40%).
- (5) Clinical sites for each course or clinical experience shall be listed in the annual report and include the following:
 - (A) Course number;
 - (B) Name and address of the clinical site;
 - (C) Purpose (area used);
 - (D) Type of experience, i.e., direct-care, observation, participatory observation;
 - (E) Number of students in clinical group;
 - (F) Number of preceptors;
 - (G) Total clinical clock hours;
 - (H) Confirmation that agreements have been made with other programs who use the clinical site; and
 - (I) Confirmation that the nursing program has a contract with the clinical agency.
- (6) Programs shall make their own arrangements with the clinical sites. Non-health care related sites utilized for community-based learning experiences for students must have an identifiable sponsoring agency with a clearly defined purpose(s). A contract or letter of agreement shall be completed before experiences.
- (7) Programs sharing the same clinical sites shall maintain evidence of cooperative planning with each other for the scheduling of clinical experiences. Confirmation should exist that agreements have been made with other programs who use the clinical sites.
- (8) Each program shall have a written agreement with each clinical site. These written agreements shall be reviewed annually.
- (9) Clinical agreements shall provide a termination clause.
- (10) There shall be a written orientation plan for students for each clinical site.

AUTHORITY: section 335.036, RSMo Supp. 1997.*
 Original rule filed Jan. 29, 1974, effective Feb. 8, 1974.
 Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975.
 Rescinded and readopted: Filed Oct. 14, 1981, effective Jan. 14, 1982. Rescinded and readopted: Filed March 25, 1993, effective Dec. 9, 1993. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999.
 *Original authority 1975, amended 1981, 1985, 1993, 1995.

4 CSR 200-3.085 Preceptors

PURPOSE: This rule defines the utilization of preceptors.

- (1) Preceptors may be used as role models, mentors and supervisors of students in practical nursing programs. Each preceptor shall be provided a copy of the designated objectives of the course in which the student is enrolled and given directions on how to assist the student in meeting the objectives of the course.
- (2) Preceptors do not replace faculty in the education of the student but serve to assist faculty in achieving the designated objectives of the course. Preceptors are not faculty of the nursing program and do not have to meet the qualifications for faculty set forth in the minimum standards (see 4 CSR 200-3.060(2)(B)).
- (3) Preceptors are not to be considered when determining the faculty to student ratio.
- (4) Preceptors shall not be utilized in introductory/foundation courses.
- (5) Each nursing program when using preceptors shall have written policies for the use of preceptors which includes the following:
 - (A) Communications between the school and the preceptor concerning the student;
 - (B) The qualifications of the preceptor; and
 - (C) The duties, roles and responsibilities of the school, the student and the preceptor.
- (6) The preceptor shall be currently licensed as a practical nurse or registered professional nurse with at least two (2) years experience, one (1) of which must be in the area of clinical specialty for which the preceptor is used.
- (7) The preceptor must be selected by the nursing program in concert with the clinical site.
- (8) The faculty of the nursing program is responsible for the final evaluation and the assignment of performance rating or grade to the student. The preceptor should provide

Continued to page 32

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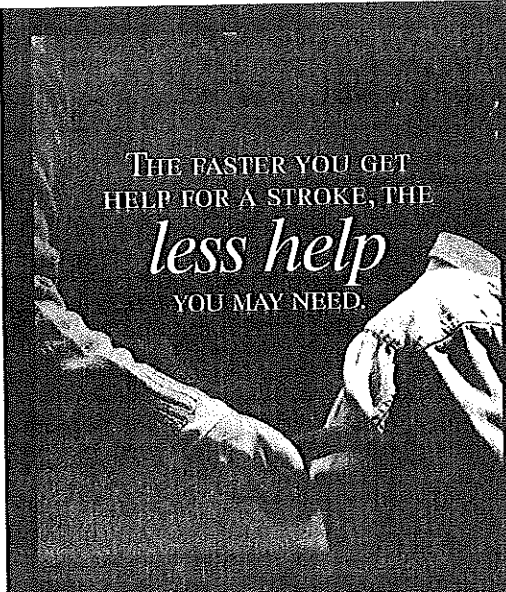
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MISSOURI CODE OF STATE REGULATIONS (Continued from page 31)

written documentation of the student meeting the designated objectives for consideration.
(9) Preceptors shall be identified in the annual report by listing the course and the number of preceptors utilized in that course.

AUTHORITY: sections 335.036(2), (3), (4), (5) and (6), RSMo Supp. 1997 and 335.071, RSMo 1994. * Original rule filed Aug. 6, 1998, effective Feb. 28, 1999.
*Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995 and 335.071, RSMo 1975; amended 1981.

4 CSR 200-3.090 Students

PURPOSE: This rule defines the admission, readmission and transfer, non-English speaking student and student services for students in programs of practical nursing.

- (1) Admission, Readmission and Transfer.
 - (A) The educational program shall comply with the state and federal laws regarding discrimination in the selection and admission of students.
 - (B) Policies for admission, selection, readmission, transfer and advanced placement shall be written, implemented and evaluated by the faculty.
 - (C) Admission criteria shall reflect consideration of the potential to—
 1. Complete the program;
 2. Possess necessary functional abilities; and
 3. Meet the standards to apply for licensure (see section 335.046.2, RSMo).
 - (D) Students who are readmitted or transferred shall complete the same requirements for graduation as other members of the class to which they are admitted.
 - (E) The board shall approve the maximum number of students enrolled in each program. The criteria for approval of the maximum number will be based on:
 1. Availability of qualified faculty;
 2. Available clinical experiences;

3. Educational facility's ability to accommodate students; and
4. Patient safety.
- (F) Late admissions. No student shall be admitted later than five (5) school days after the established entrance date of the program.
- (2) Non-English Speaking Students.
 - (A) Non-English speaking students shall meet the same general admission requirements as other students.
 - (B) An applicant for whom English is a second language shall pass an English proficiency examination.
- (3) Student Services.
 - (A) Housing. If the school provides housing for the students, there shall be written policies governing the facilities.
 - (B) Health. If the school provides health services for the students, there shall be written policies governing these services. If no health services are provided, a plan for emergency care shall be in writing.
 - (C) Academic Advisement and Financial Aid Services. Academic advisement and financial aid services shall be accessible to all students.
 - (D) Grievance Procedure. Policies and procedures which afford students due process shall be available for managing academic and nonacademic grievances. Due process for student grievances shall include the providing of written notice of all decisions affecting an individual student, an opportunity for the student to contest those decisions either in writing or in person, the opportunity to contest facts serving as the basis for the decisions, and the opportunity to appeal the decisions to a level higher than the original decision maker.

AUTHORITY: section 335.036, RSMo Supp. 1997. * Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975.


Rescinded and readopted: Filed Oct. 14, 1981, effective Jan. 14, 1982. Rescinded and readopted: Filed March 25, 1993, effective Dec. 9, 1993. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999.
*Original authority 1975, amended 1981, 1985, 1993, 1995.

4 CSR 200-3.100 Educational Program

PURPOSE: This rule defines the general purposes, curriculum organization and development, minimum curriculum plan and curriculum requirements for programs of practical nursing in Missouri.

- (1) General Purpose.
 - (A) The educational program shall provide planned learning experiences essential to the achievement of the stated philosophy and graduate competencies of the program.
 - (B) Graduate competencies of the curriculum shall be based on the philosophy of the program and shall be stated in terms of the competencies expected of the graduate.
 - (C) The amount of theory and clinical practice shall be based on the philosophy and graduate competencies of the program, the length of the program and the course content.
- (2) Curriculum Organization and Development.
 - (A) Curriculum development shall be the responsibility of the professional nursing faculty.
 - (B) The sequence of courses shall be logical, show progression, and shall be based upon the graduate competencies of the program.
 - (C) The curriculum shall be planned so that the number of hours/credits/units of instruction are distributed between theory and clinical hours/credits/units to permit achievement of program outcomes.
 - (D) The curriculum shall show the number of hours/credits of formal instruction and clinical instruction for each course of the program.
 - (E) The curriculum shall reflect how theory and

Continued to page 33




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CATHOLIC HEALTH INITIATIVES

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MISSOURI CODE OF STATE REGULATIONS (Continued from page 32)

- practice in practical nursing education encompasses the restoration, promotion and maintenance of physical and mental health and the prevention of illness for individuals and groups throughout the life cycle.
- (3) Curriculum Plan.
- (A) The length of the program shall be no less than ten (10) months of instruction.
- (B) Clinical learning experiences shall be determined by the educational needs of the student and by the requisites of the curriculum.
- (C) Student learning experiences shall be directed and evaluated by faculty and be consistent with the curriculum plan.
- (4) Curriculum Requirements. There shall be a general written plan for the total curriculum for each class of students which will show the courses taught, sequence, correlation and integration of classroom and clinical instruction. Courses may be developed separately or as integral parts of other courses. Integrated concepts shall be evident in the course objectives. Instruction will be provided in the following areas:
- (A) Biological and Physical Sciences. Content from these sciences shall include:
1. Anatomy and Physiology;
 2. Nutrition; and
 3. Pharmacology;
- (B) Social and Behavioral Sciences. Content from these sciences shall include concepts of:
1. Communication;
 2. Interpersonal Relations;
 3. Cultural Diversity; and
 4. Growth and Development/Life Span;
- (C) Nursing Science. Theory and clinical instruction in nursing shall be based on the nursing process and shall include collecting data, planning, implementing and evaluating nursing care. Content shall enable the student to develop competency in each of the following areas;

1. Fundamentals of Nursing;
 2. Nursing of Adults;
 3. Nursing of Children;
 4. Nursing of the Elderly;
 5. Maternal and Newborn Nursing;
 6. Mental Health Concepts;
 7. Administration of Medications;
 8. I.V. Therapy; and
 9. Leadership/Management Concepts;
- (D) Personal and Vocational Concepts. This course shall exist as a discrete entity in the curriculum and shall be titled as Personal and Vocational Concepts. Content in this course shall include:
1. Ethics;
 2. Nursing History and Trends;
 3. Vocational Relationships, including the role of the practical and professional nurse; and
 4. Legal Aspects of Nursing; and
- (E) Course Outlines.
1. Course outlines shall be up-to-date and available to all faculty members.
 2. The objectives of each course and the methods to be used in teaching shall be stated.

AUTHORITY: section 335.036, RSMo Supp. 1997. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Rescinded and readopted: Filed Oct. 14, 1981, effective Jan. 14, 1982. Amended: Filed May 6, 1983, effective Aug. 11, 1983. Rescinded and readopted: Filed March 25, 1993, effective Dec. 9, 1993. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999.*

**Original authority 1975, amended 1981, 1985, 1993, 1995.*

4 CSR 200-3.110 Records

PURPOSE: This rule defines records required to be kept by programs of practical nursing.

- (1) Transcripts.
- (A) Transcripts of all courses attempted or completed by each student attending the program shall be maintained permanently.

Courses shall be listed in chronological order.

- (B) The final transcript shall identify the following:

1. Date of admission, date of separation from the program and hours/credits/units earned and the diploma/certificate awarded; and
2. Transferred credits, including course titles, credits earned, and the name and location of the credit-granting institution.

- (C) Seal of the school and signature of the current administrator or registrar shall be affixed to all official transcripts.

(2) School Records.

- (A) Student records shall be stored in an area which is theft resistant and where confidentiality can be ensured.

- (B) Transcripts including microfiche and computer files shall be stored in documented fire-resistant files/cabinet areas.

- (C) The nursing program shall maintain records as required for accreditation.

AUTHORITY: section 335.036, RSMo Supp. 1997. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Rescinded and readopted: Filed Oct. 14, 1981, effective Jan. 14, 1982. Rescinded and readopted: Filed March 25, 1993, effective Dec. 9, 1993. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999.*

**Original authority 1975, amended 1981, 1985, 1993, 1995.*

4 CSR 200-3.120 Publications

PURPOSE: This rule defines what must be included in the publication (bulletin, catalogue, or both) published by programs of practical nursing.

- (1) Publications shall be current, dated and internally consistent.
- (2) Nondiscrimination policy shall appear in publications specific to the nursing program.

Continued to page 34

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St Luke's
Regional Medical Center

MISSOURI CODE OF STATE REGULATIONS (Continued from page 23)

- (3) The following information shall be given to the applicant in writing prior to admission:
- (A) Accreditation status as granted by the board (initial, full or conditional accreditation status);
 - (B) Admission criteria;
 - (C) Section 335.086 of the Missouri Nursing Practice Act with an explanation that completion of the program does not guarantee eligibility to take the licensure examination;
 - (D) Advanced placement policies;
 - (E) Student services;
 - (F) Curriculum plan;
 - (G) Program costs;
 - (H) Refund policy; and
 - (I) Financial assistance.
- (4) The following information shall be given to the student in writing upon entry:
- (A) Philosophy;
 - (B) Graduate competencies;
 - (C) Grading, promotion and graduation policies;
 - (D) Faculty roster with qualifications;
 - (E) School calendar;
 - (F) Student policies;
 - (G) Student's rights and responsibilities; and
 - (H) Due process and grievance policies and procedures.

AUTHORITY: section 335.036, RSMo Supp. 1997.*
Original rule filed Jan. 29, 1974, effective Feb. 8, 1974.
Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975.
Rescinded and readopted: Filed Oct. 14, 1981, effective

Jan. 14, 1982. Rescinded and readopted: Filed March 25, 1993, effective Dec. 9, 1993. Amended: Filed Aug. 6, 1998, effective Feb. 28, 1999.
*Original authority 1975, amended 1981, 1985, 1993, 1995.

4 CSR 200-3.130 Evaluations

PURPOSE: This rule provides for evaluation of the nursing program by both faculty and students.

- (1) There shall be a written plan for systematic evaluation of all aspects of the program. The plan shall include:
 - (A) Frequency of evaluation of each area;
 - (B) Methods of evaluation; and
 - (C) Person(s) responsible for the evaluation.
- (2) Provisions shall be made for students to evaluate nursing courses, clinical experiences and instructors in compliance with systematic evaluation plan.
- (3) In compliance with systematic evaluation plan provision shall be made for:
 - (A) Students, instructors and representatives of clinical sites to evaluate nursing courses, clinical experiences and instructors; and
 - (B) Graduates to evaluate graduate competencies.
- (4) Documentation shall indicate that the systematic evaluation plan has been utilized in the planning and improvement of the program.

AUTHORITY: section 335.036, RSMo Supp. 1997.*
Original rule filed Jan. 29, 1974, effective Feb. 8, 1974.
Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975.
Rescinded and readopted: Filed Oct. 14, 1981, effective Jan. 14, 1982. Rescinded and readopted: Filed March 25, 1993, effective Feb. 28, 1999.
*Original authority 1975, amended 1981, 1985, 1993, 1995.

4 CSR 200-3.140 Requirements for Licensure
(Rescinded January 14, 1982)

AUTHORITY: Chapter 335, RSMo 1978. This version filed Jan. 29, 1974, effective Feb. 8, 1974. Amended: Filed Dec. 12, 1975, effective Dec. 22, 1975. Amended: Filed

Jan. 8, 1981, effective April 11, 1981. Rescinded: Filed Oct. 14, 1981, effective Jan. 14, 1982.

4 CSR 200-3.150 Licensure
(Rescinded January 14, 1982)

4 CSR 200-3.160 Change of Name and/or Address
(Rescinded January 14, 1982)


4 CSR 200-3.170 Denial, Suspension or Revocation of License
(Rescinded August 30, 1996)

4 CSR 200-3.180 Licensure Examination Performance

PURPOSE: This rule defines the required examination pass rate level of graduates of accredited nursing programs on their first attempt at the licensure examination.

- (1) The licensure examination performance of first-time candidates from each nursing program shall be no less than eighty percent (80%) for each fiscal year (July 1 through June 30).
- (2) The nursing program with lower than eighty percent (80%) pass rate will: (A) First Year- Provide the board with a report analyzing all aspects of education program, identify areas contributing to the unacceptable pass rate and plan of action to resolve low pass rate; (B) Second Consecutive Year- The program will be placed on conditional accreditation status. The program administrator will appear before and present to the board an analysis of measures taken the first year, problems identified and plans of correction; and (C) The nursing program shall remain on "conditional accreditation" until it has two (2) consecutive years of pass rates of at least eighty percent (80%) or until the board removes accreditation pursuant to section 335.071.3, RSMo.

AUTHORITY: sections 335.036(2), (3), (4), (5) and (6), RSMo Supp. 1997 and 335.071, RSMo 1994.* Original rule filed Sept. 1, 1998, effective Feb. 28, 1999.
*Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995 and 335.071, RSMo 1997, amended 1981.

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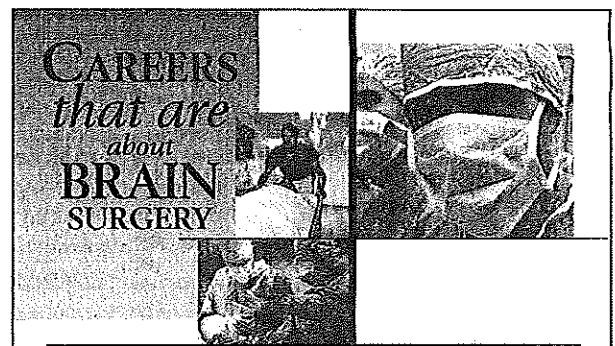


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